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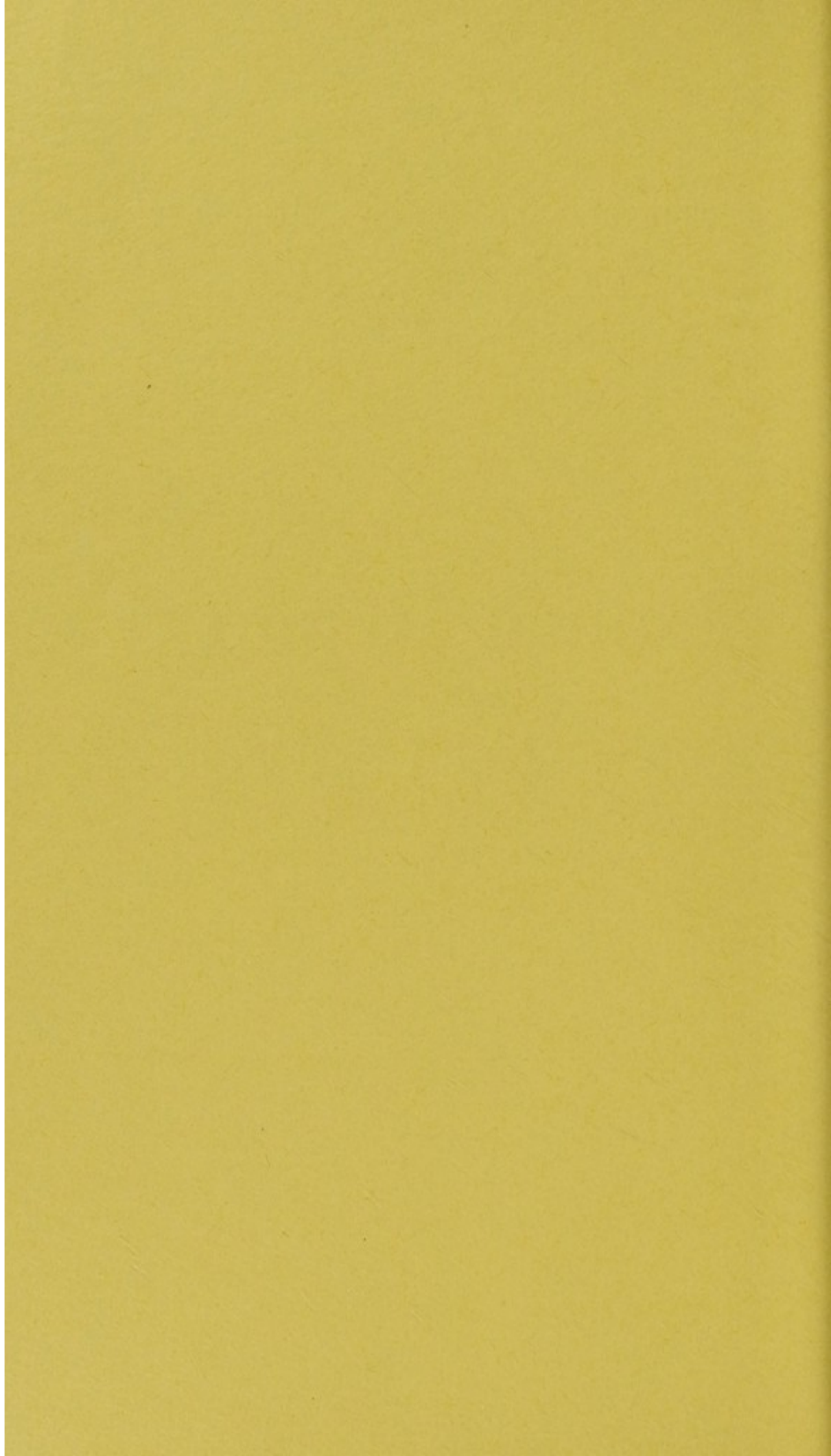
Public Health Services

of the Borough of Brighouse

1953

FRANK APPLETON, M.B., Ch.B., D.P.H.

Medical Officer of Health



Borough of



Brighouse

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Public Health Services

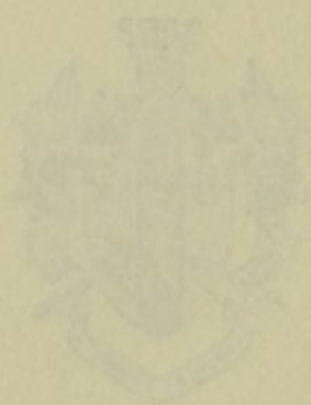
of the Borough of Brighouse

1953

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BRIDGEPORT



CITY OF

Annual Report

of the

Public Health Services

of the City of Bridgeport

1953

FRANK APPLETON, M.D., D.P.H.

Medical Officer of Health

Borough of Brighouse

Health and Cleansing Committee

(As at December 31st, 1953)

His Worship the Mayor :

Councillor G. TURNER, M.C., J.P.

Chairman :

Councillor L. KAYE, B.Sc.

Vice-Chairman :

Alderman G. A. STILLINGFLEET.

Alderman E. R. HINCHLIFFE	Councillor G. L. ENRIGHT
„ (Mrs.) E. TATTERSALL	„ E. GREEN
„ W. WHITELEY, C.B.E.	„ F. HARRISON
Councillor L. BINNS	„ L. HULME
„ L. CATTON	

MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

His Worship the Mayor : Councillor G. TURNER, M.C., J.P.

Councillor L. KAYE, B.Sc. (Chairman).

Alderman G. A. STILLINGFLEET (Vice-Chairman).

Alderman (Mrs.) E. TATTERSALL	Miss M. BOTTOMLEY
„ W. WHITELEY, C.B.E.	Mrs. S. BROOK
Councillor G. L. ENRIGHT	„ M. PICKARD
The Mayoress : Mrs. G. TURNER	„ P. L. WHITLEY

Health Department

PUBLIC HEALTH OFFICERS

Medical Officer of Health :

F. APPLETON, M.B., Ch.B., D.P.H. Also Divisional Medical Officer, Division 18, West Riding County Council.

Deputy Medical Officer of Health and Deputy Divisional Medical Officer :

Mrs. A. MARSHALL, M.B., Ch.B.

Assistant County Medical Officer for Division 18, West Riding County Council :

Mrs. M. S. GISBOURNE, M.B., Ch.B.

Orthopædic Surgeon :

**W. BARCLAY, M.C., F.R.C.S.

Ophthalmic Surgeons :

**R. W. GREATOREX, M.B., Ch.B. (Terminated April, 1953).

**S. ROBERTSON, M.B., Ch.B., D.O.M.S. (Commenced April, 1953).

**P. M. WOOD, M.B., Ch.B., F.R.C.S. (Edin.), D.O.M.S.

Dental Officer :

J. TODD, L.D.S.

Chief Sanitary Inspector and Cleansing Superintendent :

C. R. MOSS, M.B.E., F.Inst.P.C., F.S.I.A.

Ollett Gold Medallist—Sanitary Inspectors' Association.
Assoc. Mem. Inst. San. Engineers.

Cert. Royal Sanitary Institute.

Cert. Inspector of Meat and Foods.

Testamur Institute of Public Cleansing.

Deputy Chief Sanitary Inspector :

J. F. ASPINALL, M.S.I.A., A.M.Inst.P.C.

Cert. R.S.I. and S.I.J.E.B.

Cert. Inspector of Meat and Foods.

Diploma Institute of Hygiene.

Testamur Institute of Public Cleansing.

Additional Sanitary Inspectors :

D. BROOK, M.S.I.A.

Cert. R.S.I. and S.I.J.E.B.

Cert. Inspector of Meat and Foods.

N. N. MORRIS, M.S.I.A.
Cert. R.S.I. and S.I.J.E.B.
Cert. Inspector of Meat and Foods.
Diploma Royal Institute of Public Health & Hygiene.

Acting Senior Health Visitor :

Miss M. LATIMER, S.R.N., S.C.M.
Health Visitor's Certificate.
Queen's Nurse.

Health Visitors :

Miss N. BRIERLEY, S.R.N., R.F.N.
Health Visitor's Certificate.
Miss E. V. CROSSLEY, S.R.N., S.C.M., R.F.N.
Health Visitor's Certificate (Commenced July, 1953).
Miss L. P. TINKER, S.R.N.
Health Visitor's Certificate.
Miss M. TYLER, S.R.N., S.C.M.
Health Visitor's Certificate.
Queen's Nurse (Commenced October, 1953).
Miss E. WALKER, S.R.N., S.C.M.
Health Visitor's Certificate.
Queen's Nurse.

School Nurse :

Miss A. D. ANDERSON, S.R.N., S.C.M.

Assistant Health Visitors :

*Mrs. M. ARMITAGE, S.R.N.
*Mrs. I. HEPWORTH, S.R.N., S.C.M., R.F.N.

Midwives :

Mrs. B. EVANS, S.R.N., S.C.M. (Commenced October, 1953).
Miss W. LISTER, S.R.N., S.C.M. (Commenced November, 1953).
Mrs. N. FOSSARD, S.R.N., S.C.M., R.F.N.
Mrs. M. FOTHERINGHAM, S.R.N., S.C.M. (Terminated September, 1953).
Miss M. E. THOMPSON, S.R.N., S.C.M.

Home Nurses :

*Mrs. J. M. HELLIWELL, S.R.N. (Commenced April, 1953).
Mrs. B. HOPSON, S.R.N., R.F.N.
Queen's Nurse (Commenced June, 1953).
Miss O. SALISBURY, S.R.N. (Terminated March, 1953).
Mrs. F. SYKES, S.R.N., S.C.M.
Queen's Nurse.
Miss A. TOLLAND, S.R.N., S.C.M.
Miss A. WHITELEY, S.R.N., S.C.M. (Retired May, 1953).

Mental Health Social Worker :

*Miss E. C. WROE, S.R.N., S.C.M., R.M.N.
Health Visitor's Certificate.

Tuberculosis Health Visitor :

Mrs. M. F. DUCKENFIELD, S.R.N., S.C.M., T.A.

Staff at Day Nurseries :

Miss M. CARROLL, Certificated Teacher.

Wellholme Park :

Miss M. E. SHEFFIELD, R.F.N., Matron.

Mrs. D. S. FREEMAN, S.R.N., S.C.M., Deputy Matron

Ogden Lane :

Miss V. M. CLARKE, S.R.N., S.C.M., Matron.

Mrs. I. BOOTH, N.S.C.N., Deputy Matron.

Holme House :

Miss D. BAILEY, C.N.N., Matron.

Mrs. R. M. PALMER, N.S.C.N., Deputy Matron.

These personnel were assisted by a staff of Certificated
Nursery Nurses and Nursery Assistants.

Senior Clerk :

G. O. RICHARDSON.

Clerks :

Mrs. R. E. G. DAY.

Mrs. G. HURLEY.

Miss M. WALKER.

Miss S. WALTON.

J. R. C. WELLS.

Miss C. WOOD.

School Health Service :

Miss I. HOLMES.

Miss M. TAYLOR (Terminated November, 1953).

Cleansing and Sanitary Section :

Miss C. M. AINSWORTH (Commenced August, 1953).

E. A. HOLDSWORTH.

Miss P. McKETTRICK (Terminated May, 1953).

Mrs. M. STEAD.

Divisional Depot Superintendent, County Ambulance Service :

W. ANDERSON.

* Part time.

** Part time by arrangement with the Regional Hospital Board.

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE BOROUGH OF BRIGHOUSE

Mr. Mayor, Madam and Gentlemen,

I have the honour to present the Annual Report on the work of your Public Health Department for 1953.

This year the Borough of Brighouse has been established for sixty years — sixty years of great progress in Public Health in this Country. It seemed to me to be appropriate that some of the facts and figures, and some of the Medical Officer of Health's remarks on the health of the people of this town in 1893 should be included in this Report. These have been included in the appropriate sections of the Report, where they can be seen in contrast with the facts and figures of today. Preventive Medicine is unspectacular, and Vital Statistics presented alone can be uninteresting and uninspiring. Very often we appear to make haste very slowly, and to produce little or no result from a year's endeavour. If we compare the Vital Statistics of today with those of our predecessors it may give us a little encouragement to go on trying to improve the living conditions and the health of the present inhabitants of this Borough.

The most spectacular change has been in the reduction in the incidence of the more serious infectious diseases and in the dramatic fall in the infantile death rate. We are not living much longer as individuals, but more of us are reaching old age.

During these sixty years we have seen a virtual disappearance of pail closets and privies, a sewerage works provided, and a complete sewer survey made of the district. Roads and dwellings are comparatively well lit and well drained, and a regular collection of refuse, much of which is turned into saleable material, has been instituted. Food supplies have been safeguarded by regular inspection, and most food handlers now have knowledge of elementary hygiene. This knowledge is still in many cases rudimentary and is not always acted upon, and there is considerable scope for its increase, but compared with 60 years ago there has been a remarkable growth of public knowledge, much of which is due to excellent work in the schools.

Perhaps the greatest increase in knowledge in the community has been made in the care of the child. The only safe way of feeding a baby at the time this town was given its Charter was by breast milk or by the boiling of cow's milk, and many children died from infantile diarrhoea. It is a very exceptional mother now who would dream of giving her young infant unboiled water or raw milk, and the clothing of children has tremendously improved. At that time children were regularly "sewn up" for the winter, and the advance-

ment in the dressing and feeding of children is remarkable. It is probable that the worst of the families we now describe as problem families have as much knowledge of child care as the average mother had at that time. This knowledge is not, of course, always applied. The progress thus made links up with the progress made in health visiting, and the Health Visitor is recognised today as the foremost exponent of the Preventive Health Service.

Last year I had to report the lowest birth rate of the post-war years. Although there were four more births this year, with the estimated fall in the population the birth rate has remained at almost the same level. It is comparatively rare now to find families of more than three children, and the present increased school population is not likely to be maintained.

The death rate, at 13.0 per thousand population, has also remained virtually unchanged. Despite there being 14 more births than deaths the Registrar General considers that our population has decreased by 50 since last year. It will be seen that the margin is small, and if the present trend in the birth rate continues we may have to report a natural decrease of population in the near future.

The infantile death rate was 24.5, and although the figures are small, our consistently low infantile death rate over the past five years must give us some cause for satisfaction, and is a tribute to the work of the various agencies concerned in child care in this Borough.

At the end of the year we had news of the suggested closure of two of our Day Nurseries as a result of a change in County Council policy. Day Nurseries are expensive, and it is impossible to justify them on economic grounds. A properly run Nursery must be adequately staffed. The staff consists of young, active and healthy members of the population, who could themselves work in the factories and mills to which the mothers go. The Nurseries are a charge on the rates, and the family which has only one wage earner has to pay to help care for a child so that another family may have two.

A Public Health Department itself might also be unjustifiable on grounds of true economics. It is true that we do try to prevent illness, and in this way may cause a reduction in the amount of money expended on sick benefits, but we also try to help to keep alive and happy old people and young children, who are a cost to the community.

Taking a long term view, the health of children is built up in the Day Nurseries, and particularly the children of mothers who are poor managers. Useful educational work is done with these families and it may be that a foundation of a healthy adult life is often laid, a foundation which may prevent a drain on the community at a later date. Unfortunately, we are again dealing with intangibles, but I, personally, regret very much the present trend, and I believe that one day it might be reversed.

The Brighouse Borough Council have always been interested in the Day Nursery Service, and indeed, the three Nurseries were originally provided when Brighouse was the Maternity and Child Welfare Authority, and representations were made to the County Council to try to keep the Nurseries for the children of this town. At the time of writing this report the three Nurseries still remain, and there appears to be some prospect of two of them being retained.

There was an epidemic of Scarlet Fever which was extremely mild in character, and from which there were few serious complications. The spread of the illness was undoubtedly due to the mildness of the disease and to the presence of cases in the community who had a sore throat without skin manifestation.

The most prevalent notifiable diseases were again Measles and Chicken Pox, for neither of which have we any prophylactic treatment. There was only one case of Anterior Poliomyelitis in 1953, and the involvement in this case was not one of the more serious ones.

Immunisation against Whooping Cough is being demanded in increasing numbers, but there is some falling off in Diphtheria immunisation, due probably to the lack of cases of Diphtheria over a number of years.

The number of notifications of Pulmonary Tuberculosis was again higher. This was almost certainly due to better ascertainment. Contacts of all cases are now regularly followed up and it is among these contacts that many of the earliest cases have been found. In this way we can expect a higher known incidence of this disease, although the real incidence is probably falling. Excellent co-operation has been obtained with the Chest Consultant, and the Health Visitor responsible for visiting cases of Tuberculosis sees the patients also at the hospital when they attend. The waiting lists for admission to sanatorium have been considerably cut, due to the opening of the Northowram Hall Hospital for sanatorium purposes. The early treatment of this disease in sanatorium and the new drugs now available have, to a large extent, changed the picture of the disease, and no longer is it the dramatically fatal disease that it used to be. Even today, it is often a prolonged illness and the wage earner may be removed from the family, a family that by reason of contact requires all the nourishment that money can provide. Although the County Council provide free milk, and the National Assistance Board help in many of these cases, it was felt that much could be done by a Voluntary Committee, and steps were taken to form a Care Committee specially for patients with Tuberculosis and their families.

Once again we had our full establishment of Health Visitors, and one Health Visitor spent a large proportion of her time particularly with the problem families. Perhaps the best way of dealing with these families is to prevent their happening, for there is little we can

do with well established cases. There is no doubt that during the last few years there has been a falling off in the number of families we would so designate, with possibly an increase in the number of families that we consider near to this designation. A great deal of this improvement in the position is due to the Health Visiting staff.

The work of the Mental Health Social Worker has been made easier by the establishment of a Group Training Class for ineducable children. This class, which is held in premises that are not really suitable for the purpose, has not only relieved the mothers of a grievous burden for a large portion of the day, but real progress has been made among the children themselves, and it is surprising how a change in the children has taken place as a result of attending this Centre.

More and more we become convinced of the great importance of the General Medical Practitioner in the field of public health. The Health Visitor visits the homes regularly, and hardly less regular is the General Medical Practitioner who is called to members of the family when they are ill. Before 1948, the Health Visitor was only concerned with the care of the mother and young child; now her activities extend to the whole family, and particularly to the old people. Her sphere of influence has become very much more interwoven with that of the Doctors of the town, and gradually the two services of General Practice and Health Visiting must become more complementary. All the Health Visitors in the County Council are to be given an opportunity of being placed on the telephone, so that direct communication with the family Doctor will be made easier. I feel sure that it is in this direction that the best progress can be made towards closer co-operation between the two services.

Admission to and attendance at hospital is an event in a person's life, and for this reason is spectacular and noteworthy, but the regular day to day care of families by the family Doctor, the Health Visitor and the District Nurse is of the greatest importance to the community, and their regular, unobtrusive work is the foundation of public health.

The growth of clubs for the old people has continued, and most parts of the Borough now have an active and flourishing old persons' club, and the Old People's Welfare Committee continues to do useful work. There is still scope for more part-time employment of old people, and I hope that one day we may have established an Occupation Centre where they will be able to work at their own time at jobs in which they are skilled. Meanwhile, I am glad to say that many of the firms have been keeping on old persons, sometimes in a part-time capacity, after their normal retirement age.

Housing must continue to be the foremost of the environmental problems. The new Housing, Rent and Repairs Bill will enable a good landlord to spend a little more on repairing some of the old houses which badly need renovation. As the overcrowding of

existing houses becomes less the need for new houses will not be reduced, for in this Borough there are many old houses which require demolition. Some of these it might be possible to patch up for the number of years that they are likely to remain with our existing housing progress, but it is hoped that the Council will be able, very soon, to allow at least half the new houses for the purpose of re-housing tenants from houses no longer fit to be lived in. Already we have some fine new estates built on the outskirts of the town, but there is a great need for considerably more houses for some years to come.

The extracts given from the Report of the Medical Officer of 1893 may serve to give us some idea of the progress that has been made, but we have still a long way to go in our path towards positive health in the community.

In conclusion I should like to thank you, Mr. Mayor, Mr. Chairman, Madam and Gentlemen for your continued support and help on so many occasions. Without the support of the Public Health Committee we could do little, and I am happy to record that this support has always been available. The Town Clerk and the other Chief Officials also deserve our grateful thanks for help and co-operation willingly given. The staff of this Department, called upon as they are to answer questions on so many different and varied subjects, not always obviously connected with health, have continued to work loyally and well, and without their help this Report would never have been possible.

I have the honour to be, Mr. Mayor, Madam and Gentlemen,

Your obedient servant,

FRANK APPLETON,

Medical Officer of Health.

November, 1954.

Annual Report of the Medical Officer of Health for the Year 1953

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

AREA (in Acres)	7,875
POPULATION : Census 1951, 30,587. 1953 (est.)	30,370
AVERAGE NUMBER OF PERSONS PER ACRE	3.86
NUMBER OF INHABITED HOUSES	11,049
AVERAGE NUMBER OF INHABITED HOUSES PER ACRE	1.40
AVERAGE NUMBER OF PERSONS PER HOUSE	2.75
RATEABLE VALUE	£173,762
PRODUCT OF A PENNY RATE	£700

The trade recovery which was noted last year was maintained in 1953, and all industries maintained practically full time working. At the end of 1953, 20 men and 15 women were wholly unemployed and 16 men and one woman were temporarily suspended. A special effort was made during the year for the employment of older people and disabled persons.

I am indebted to the Manager of the Local Employment Exchange for this information.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR

Live Births—	M.	F.	Totals
Legitimate	213	185	398
Illegitimate	4	6	10
Total	217	191	408

Live Birth Rate : 13.4 per 1,000 of estimated resident population.

Still Births—	M.	F.	Totals
Legitimate	4	2	6
Illegitimate	—	—	—
Total	4	2	6

Still Birth Rate per 1,000 total (live and still) births : 14.5.

Deaths—	M.	F.	Totals
	204	190	394

Crude Death Rate : 13.0 per 1,000 of estimated resident population.

Adjusted Death Rate : 11.9 " " " "

Deaths from Maternal Causes—	Deaths	Rate per 1,000 total (live & still) Births
Puerperal Sepsis	—	—
Other Maternal Causes	—	—
Total	—	—

Death Rate of Infants under one year of age—

All Infants per 1,000 live births	24.5
Legitimate Infants per 1,000 legitimate live births	22.6
Illegitimate Infants per 1,000 illegitimate live births	100.0

Deaths from Diseases of the Heart and Circulation (all ages)	146
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Deaths from Cancer (all ages)	59
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Deaths from Measles (all ages)	—
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Deaths from Whooping Cough (all ages)	—
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TABLE 1

BIRTH RATES, CIVILIAN DEATH RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY and CASE RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1953 for England and Wales, London, 160 Great Towns, 160 Smaller Towns and Brighouse

(Provisional Figures based on weekly and quarterly Returns)

	England and Wales	160 County Boro's and Great Towns (including London)	160 Smaller Towns (Resident Popu'tions 25,000 to 50,000 at 1951 Census)	London Administrative County	Brighouse
Births—	Rates per 1,000 Home Population				Crude Rates
Live Births	15.5	17.0	15.7	17.5	13.4
Still Births	(0.35 22.4*	0.43 24.8*	0.34 21.4*	0.38 21.0*	0.19 14.5*
Deaths—					
All Causes	11.4	12.2	11.3	12.5	13.0
Typhoid and paratyphoid	0.00	0.00	—	—	—
Whooping cough	0.01	0.01	0.00	0.00	0.00
Diphtheria	0.00	0.00	0.00	—	—
Tuberculosis	0.20	0.24	0.19	0.24	0.26
Influenza	0.16	0.15	0.17	0.15	0.10
Smallpox	0.00	0.00	0.00	—	—
Acute poliomyelitis (including polioencephalitis)	0.01	0.01	0.01	0.01	0.00
Pneumonia	0.55	0.59	0.52	0.64	0.49
Notifications (corrected)—					
Typhoid fever	0.00	0.00	0.00	0.01	0.00
Paratyphoid fever	0.01	0.01	0.01	0.01	0.00
Meningococcal infection	0.03	0.04	0.03	0.03	0.06
Scarlet fever	1.39	1.50	1.44	1.02	3.85
Whooping cough	3.58	3.72	3.38	3.30	3.09
Diphtheria	0.01	0.01	0.01	0.00	0.00
Erysipelas	0.14	0.14	0.13	0.12	0.13
Smallpox	0.00	0.00	0.00	—	—
Measles	12.36	11.27	12.32	8.09	5.83
Pneumonia	0.84	0.92	0.76	0.73	0.53
Acute poliomyelitis (including polioencephalitis):					
Paralytic	0.07	0.06	0.06	0.07	0.03
Non-paralytic	0.04	0.03	0.04	0.03	0.00
Food poisoning	0.24	0.25	0.24	0.38	0.00
Puerperal pyrexia	18.23*	24.33*	12.46*	28.61*	12.08*

		Rates per 1,000 Live Births				
Deaths—						
All causes under 1 year of age ...	26.8†	30.8	24.3	24.8	24.5	
Enteritis and diarrhoea under 2 years of age ...	1.1	1.3	0.9	1.1	—	

MATERNAL MORTALITY IN ENGLAND AND WALES

	Rates per 1,000 Total (Live and Still) Births	Brighthouse
Sepsis of pregnancy, childbirth and the puerperium ...	0.10	—
Abortion with toxæmia	0.01	—
Other toxæmias of pregnancy and the puerperium ...	0.24	—
Hæmorrhage of pregnancy and childbirth	0.13	—
Abortion without mention of sepsis or toxæmia ...	0.04	—
Abortion with sepsis ...	0.06	—
Other complications of pregnancy, childbirth and the puerperium	0.18	—

* Per 1,000 Total (Live and Still) Births.

† Per 1,000 related Live Births.

TABLE 2

CAUSES OF DEATH OF BRIGHOUSE RESIDENTS IN 1953

Causes of Death					M.	1953 All Ages F.	Total
1.	Tuberculosis—respiratory	...	...	...	8	—	8
2.	Tuberculosis—other	...	...	...	—	—	—
3.	Syphilitic disease	...	...	...	1	1	2
4.	Diphtheria	...	...	...	—	—	—
5.	Whooping Cough	...	...	...	—	—	—
6.	Meningococcal infections	...	...	...	—	—	—
7.	Acute poliomyelitis	...	...	...	—	—	—
8.	Measles	...	...	...	—	—	—
9.	Other infective and parasitic diseases	...	...	...	—	1	1
10.	Malignant neoplasm stomach	...	...	...	—	4	4
11.	Malignant neoplasm lung, bronchus	...	...	...	9	1	10
12.	Malignant neoplasm breast	...	...	...	—	6	6
13.	Malignant neoplasm uterus	...	...	...	—	2	2
14.	Other malignant and lymphatic neoplasms	...	...	...	14	23	37
15.	Leukæmia, aleukæmia	...	...	...	2	—	2
16.	Diabetes	...	...	...	1	—	1
17.	Vascular lesions of nervous system	...	...	...	28	37	65
18.	Coronary disease, angina	...	...	...	36	20	56
19.	Hypertension with heart disease	...	...	...	2	2	4
20.	Other heart disease	...	...	...	20	35	55
21.	Other circulatory disease	...	...	...	17	14	31
22.	Influenza	...	...	...	1	2	3
23.	Pneumonia	...	...	...	8	7	15
24.	Bronchitis	...	...	...	14	13	27
25.	Other diseases of respiratory system	...	...	...	7	—	7
26.	Ulcer of stomach and duodenum	...	...	...	1	—	1
27.	Gastritis, enteritis and diarrhœa	...	...	...	2	1	3
28.	Nephritis and nephrosis	...	...	...	1	2	3
29.	Hyperplasia of prostate	...	...	...	5	—	5
30.	Pregnancy, childbirth, abortion	...	...	...	—	—	—
31.	Congenital malformations	...	...	...	2	2	4
32.	Other defined and ill-defined diseases	...	...	...	15	10	25
33.	Motor vehicle accidents	...	...	...	—	—	—
34.	All other accidents	...	...	...	6	7	13
35.	Suicide	...	...	...	3	—	3
36.	Homicide and operations of war	...	...	...	1	—	1
Totals					204	190	394

VITAL STATISTICS

The estimate of the population of Brighouse is the mid-year estimate of the Registrar General. His estimate is 30,370 compared with the mid-year estimate of 30,420 for 1952. He considers, therefore, that our population has decreased by 50. There were 408 births and 394 deaths, so that there was a natural increase of population.

Birth Rate.

The birth rate for the year is 13.4 per 1,000 of the population. To compare the birth rate with any degree of accuracy with that of the country as a whole, it is necessary to adjust the crude birth rate by multiplying it by the area comparability factor. Every district varies as to the distribution of population among the sexes and in age ranges. The area comparability factor is an attempt to standardise our sex and age range with that of the country as a whole. Our area comparability factor is 1.03, which means that with our present sex and age range the crude birth rate has to be adjusted upwards to bring it into line with the country as a whole, and our corrected birth rate is 13.8. This is 1.7 below the rate for England and Wales, 1.9 below the rate for the 160 Small Towns, and 2.2 below the rate for the West Riding Administrative County.

There were ten illegitimate births, representing 2.4 per cent of the total live births, and an illegitimate birth rate of 0.33 per 1,000 of the estimated population.

During the year there were six stillbirths, none of which were illegitimate. This gives a stillbirth rate of 14.5 per 1,000 (live and still) births, as compared with 24.7 for the Administrative County of the West Riding of Yorkshire, and 21.8 for this town last year. This is 0.19 per 1,000 of the population, this figure being comparable with the rate based on the population of England and Wales, which is 0.35.

Death Rate.

The death rate for the Borough is 13.0 per 1,000 of the population. Similarly with the birth rate, in order to standardise our death rate with that of the country as a whole we have to multiply it by a comparability factor of 0.92, and our adjusted death rate is 11.9, which is slightly above that for England and Wales (11.4), but below that for the Administrative County (12.1).

The chief causes of death this year were, in order of frequency :—

1. Diseases of the Heart and Circulation — 146 (compared with 152 in 1952).
2. Vasc. Lesions of Nervous System — 65 (compared with 62 in 1952).
3. Cancer — 59 (compared with 74 in 1952).
4. Pneumonia, Bronchitis, Influenza and other respiratory diseases — 52 (compared with 37 in 1952).

Infant Deaths.

Ten children under one year of age died during the year. One of these children was illegitimate. This is one more death than last year, when nine children died, and last year we had the lowest infantile death rate in the history of the Borough. With small figures this additional death has meant that our rate has risen by two per thousand, and this year it is 24.5. This can be compared with this year's rate for the West Riding Administrative County, which is 29.3, the rate for the 160 Small Towns (24.3) and the rate for the country as a whole (26.8).

It was pointed out last year that until 1949 the rate had never been lower than 30, but consistently over the last five years it has never been higher than 25. Although we cannot attach great importance to one isolated year's statistics in dealing with such small numbers, on the whole it appears that our vital statistics show a favourable trend.

Particulars of the deaths of children under one year of age are appended below, and last year's figures are given in brackets :—

- 4 (4) under 24 hours (2 male, 2 female).
- (2) between one day and seven days.
- 1 (—) between one week and one month (male).
- 5 (3) between three months and nine months (4 males, 1 female).

It will be noted from Table 3 below that one child died from Gastro-Enteritis. This was after a very short illness. The child was a premature baby having a birth-weight of 4lbs. 11ozs., and the Health Visitor had occasion several times to draw the mother's attention to the proper sterilisation of the feeding bottles and teats. The child survived 14 weeks.

TABLE 3
CAUSES OF INFANTILE MORTALITY IN BRIGHOUSE
BOROUGH, 1953

Cause of Death	1 day and under													
	1 day	2-7 days	8-14 days	15-21 days	22-28 days	2-3 months	3-6 months	6-9 months	9-12 months	In first year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Prematurity	2	—	—	—	1	—	—	—	—	3	2	—	—	1
Congenital Malformations .	2	—	—	—	—	—	1	1	—	4	—	2	1	1
Gastro-Enteritis	—	—	—	—	—	—	1	—	—	1	—	—	1	—
Broncho-Pneumonia	—	—	—	—	—	—	2	—	—	2	2	—	—	—
Totals ...	4	—	—	—	1	—	4	1	—	10	4	2	2	2

Premature Births.

There were 28 children born prematurely during the year, only one being born at home. This child survived, and of the 27 born in hospital 24 survived.

A table is appended giving details of the premature births.

TABLE 4
TABLE SHOWING BIRTH WEIGHTS OF PREMATURE
INFANTS

Domiciliary Confinements

Birth Weight lbs. ozs.	No. of Infants	No. of Infants who survived		
		24 hours	2—7 days	1 month
5 —	1	1	1	1

Institutional Confinements

Birth Weight lbs. ozs.	No. of Infants	No. of Infants who survived		
		24 hours	2—7 days	1 month
2 6	1	1	1	—
2 14	1	1	1	1
3 1	1	—	—	—
3 12	2	1	1	1
3 15	1	1	1	1
4 —	1	1	1	1
4 4	2	2	2	2
4 6	1	1	1	1
4 8	2	2	2	2
4 11	1	1	1	1
4 14	2	2	2	2
5 —	2	2	2	2
5 3	1	1	1	1
5 4	1	1	1	1
5 5	4	4	4	4
5 6	1	1	1	1
5 7	2	2	2	2
5 8	1	1	1	1
Totals ...	27	25	25	24

Maternal Deaths.

There were no maternal deaths in this Borough during 1953.

I have included below some of the vital statistics for the year 1893, taken from the Annual Report on the Health of the Borough of Brighouse by Dr. Meredith Young, M.B., C.M. (Edin.).

Rateable Value : The rateable value of the District for General District rate is £32,450.

Population : The estimated population is calculated to the middle of 1893 as follows :— Total 21,630 (Brighouse 10,160, Rastrick 9,853, and Hove Edge 1,437).

Births : During the year these have numbered 594, or at the rate of 27.7 per 1,000 per annum of the estimated population.

Deaths : During the year there have been 374 deaths registered from all causes, or at the rate of 17.2 per 1,000 of the estimated population.

Classification of Deaths according to Age :

- (a) **Under 1 year :** There have been 106 deaths of children under one year, or at the rate of 178 per 1,000.
- (b) **1 and under 5 years :** There were 159 deaths of children under 5 years of age — almost one half of the total deaths.
- (c) **25 and under 65 years :** 114 deaths were recorded. The chief causes of these deaths being :— Chest Diseases, Phthisis, Heart Diseases and Cancer.
- (d) **65 years and upwards :** In this group we have registered 64 deaths.

Uncertified Deaths : These have numbered 22 in the whole of the Borough, that is, 5.8 per cent of the deaths that took place were not certified.

The Medical Officer states : " A highly unsatisfactory state of things."

It will be seen that the birth rate today is less than half that of 1893, and the infant death rate is scarcely more than a quarter of that in 1893. With the decrease in the number of infant deaths, correspondingly deaths from prematurity have increased in proportion, and deaths from autumnal diarrhoea and improper management and feeding have almost been eliminated.

Dr. Young referred 60 years ago to the need for mothers to have more rest during pregnancy, and deprecated the working of long hours right up to the birth of the baby. Even today there is a tendency for mothers to do too much before the child is born and to return to work too soon after the child's birth. There is no doubt that he would be pleased with the present system of maternity allowances.

His remarks on infant deaths are interesting and I give them below. There are very few mothers today who would give a new

baby beer, stout, pastry or beef, and a great deal has been done in the education of the mother, and much of this has been done by the Health Visitors. The mother is now not "left to her own devices," she has an experienced, well-trained woman to help and advise her.

EXTRACT FROM ANNUAL REPORT OF 1893

" Infant Mortality.

Of the 374 deaths which were registered in the whole of the Borough no fewer than 106 were in children under one year of age. This is at the large rate of 28.3 per cent of the total deaths, or, putting it in another way, there were 178 deaths of children under one year of age for every 1,000 children born. The figures for Brighouse alone are still more appalling, for in that district there were 58 deaths of infants, or at the rate of 29.8 per cent of the total deaths in Brighouse; this means that for every 1,000 children born 202, or more than one-fifth, did not survive the first year of life. The chief causes of death have been convulsive diseases: this class of diseases embraces Teething, Convulsions (from whatever cause), Infantile Meningitis and Hydrocephalus. Wasting diseases include Marasmus, Atrophy, Debility, Want of Breast-milk, and Premature Birth.

The chief influences affecting infant mortality are the following:—

1. Inherited diseases or tendencies to disease.
2. Premature birth.
3. Occupation of mothers during pregnancy or shortly after childbirth.
4. Illegitimacy of birth.
5. Accidental or homicidal violence.
6. Epidemics of autumnal diarrhoea, measles or whooping cough.
7. Density of population on any given area.
8. Improper management and feeding resulting from parental inexperience and neglect.
9. Child insurance.

The first cause may be eliminated altogether. As regards the second — premature birth — it has been the cause of eight of the 58 infant deaths in Brighouse. Convulsions pure and simple have caused 17 out of the 21 deaths from convulsive diseases, and in the majority of these 17 cases, as well as the other four, the convulsions have been preceded by alimentary disturbances due to improper management and feeding. A sketch of an everyday case will illustrate my meaning better than any dogmatic remarks.

A mother is unable from various causes to suckle her child; she turns to the next best thing obtainable — cow's milk — and being advised by her medical attendant, who visits for 10 or 14 days as a rule after the birth of the child, succeeds very well perhaps for a

time. Soon she is left to her own devices ; the thorough cleansing of the bottle becomes irksome, and very little traces of soured or decomposed milk are left in nooks and corners ; this is enough to infect the whole of the milk next put into the bottle, and some amount of fermentative change is caused. Ignorant of any change in the milk, the mother goes on feeding the child with it : it causes discomfort in the child, succeeded by vomiting, diarrhoea, or other digestive disturbance. If this goes on for long, inanition, weakness, and liability to the bad effects of insanitary conditions or infectious disease results, and the child succumbs. Again, malnutrition, diarrhoea, or debility are often succeeded by convulsions : the parents fail to notice the premonitory signs, such as the momentary squinting of the eyes, the twitching of the mouth, the rigid fixing of the head and neck, the firm clenching of the little fists or the doubling in of the toes, the stiffening of the arms or legs, the widely dilated pupils, or the livid blue lips. In a few minutes the child is "in a fit," and the parents helpless for the want of the simplest item of knowledge imaginable. Their duty is to undress the infant rapidly and plunge it bodily into a mustard bath, and then send for the nearest medical man. Should the fit be of short duration, and the child not be any the worse for it, the parents in assigning a cause for it almost invariably ascribe it to teething, when teething may be going on quite normally, and the only cause be a dirty bottle or some improper food — for it is a very common custom to feed infants as early as possible on "a bit of anything that is going." I have known of beef, pastry, potatoes, beer and stout, and various other poisons being given to infants on the same principle of bravado, as I have heard mothers boasting of their children, ill with Scarlet Fever, being outside playing whilst the rash was still on them !

To continue : as the parents have happily solved the cause of the fit, the next procedure is to invest in some "teething powders" or "soothing syrup," many of which contain opium in some form ; or to take some mixture or medicine from a so-called "medical chemist," or "prescribing chemist," altogether unsuited to the case ; the child is dosed with this and perhaps poisoned, or else, when no alleviation of the symptoms can be procured, a medical man is called in (often at the extremity of the case) : he sees the child in a convulsive fit, and certifies the cause of death to be "convulsions," "debility — convulsions" or "dentition — convulsions." But I maintain "convulsions" is not a disease any more than vomiting is a disease ; it is but the symptom or objective sign of some disease. It ought never to be admitted as a primary cause or as a single cause of death ; if admitted at all, it ought to be restricted in its use to a mere secondary cause.

Further, if a medical man be only called in in time to see a child die of convulsions he ought, in my opinion, to refuse to certify as to cause of death ; let an inquest be held in every case and the true cause found.

Another thing which might tend to lessen infant mortality would be for the Local Authority to supply the Registrars with a number of forms containing printed directions in simple language as to the management and feeding of infants : one of these could be given to each person registering a birth.

Yet another thing I would like to see in Britain — the prohibition of the sale of "patent" medicines except on the prescription of a medical man. I am convinced this would greatly lessen the evil of infant and child mortality — to say nothing of the mortality at all ages.

The total number of deaths from Premature Birth in Brighouse has been 8, in Rastrick 6, and in Hove Edge 2, making a total of 16 for the Borough. There has been a great deal of discussion lately on the question of employment of married women in factories and workshops. The Factory and Workshop Act of 1891 (s.17) says :—

"An occupier of a factory or workshop shall not knowingly allow a woman to be employed therein within four weeks after she has given birth to a child."

This is a very short period indeed, and in fact takes more thought for the mother than the child, if indeed, it was ever intended to provide for the child. One thing which cannot be remedied by anything but the conscientiousness of parents is to take account of the fact that an arduous occupation is often the cause of premature birth : did married women take this into consideration and act on it by discontinuing the hardest work for a short time (say two months at least) before the anticipated birth of the child, many deaths from premature birth might be prevented. But there are many things for them to consider — for example, loss of present wages, prospective loss of situation, etc., and on the whole, they simply go on as long as they can, and risk any probable accident. I should like to see the short time of four weeks mentioned in the above Act, extended to six months at least — preferably to 12 months : of course, this means total devotion to home-life.

As regards the influence of the density of population I can state nothing with accuracy, but the following classification will perhaps convey some notion of the state of affairs. In localities in Brighouse which are above the average density there have been 25 out of 58 deaths of infants ; in localities of average density — and it must be borne in mind that the term average density applies to Brighouse, a very dense place itself — there have been 20 deaths out of 58 ; and in places below average density the infant deaths have numbered 13. In a very large majority of the cases the buildings are blocks or back-to-back houses."

TABLE 5

WEST RIDING COUNTY COUNCIL AMBULANCE SERVICE — BRIGHOUSE DEPOT

Statistical Return for the period January to December, 1953

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1. Patients													
(a) Admissions	175	201	166	145	170	152	156	130	161	140	148	170	1914 (1907)
(b) Discharges	54	57	64	47	61	40	56	55	46	64	64	61	669 (687)
(c) Transfers	23	14	26	28	16	17	30	19	17	16	21	16	243 (110)
(d) Out-Patients	915	676	721	786	903	879	910	927	975	891	986	887	10456 (9591)
(e) Accident Patients	28	15	27	22	31	41	35	33	45	45	44	38	404 (253)
Total No. of Patients	1195	963	1004	1028	1181	1129	1187	1164	1244	1156	1263	1172	13686 (12548)
2. Analysis of Patients													
Males	488	403	402	504	584	495	433	473	444	432	510	494	5662 (5303)
Females	707	560	602	524	597	634	754	691	800	724	753	678	8024 (7245)
Stretcher Cases	221	217	240	191	212	186	217	201	216	230	241	243	2615 (2479)
Sitting Cases	974	746	764	837	969	943	970	963	1028	926	1022	929	11071 (10069)
Children	79	64	68	51	91	123	85	57	83	71	59	73	904 (917)
3. Further Analysis of Total Patients in Part 1 above less (d) and (e)													
Urgent	82	83	84	75	76	69	68	75	69	60	73	75	889 (636)
Maternity	22	26	34	35	36	25	38	29	30	24	23	20	342 (346)
Infectious	4	2	4	4	11	7	3	—	9	9	6	6	65 (40)
Mental	—	—	1	3	1	3	1	5	1	—	1	1	17 (15)
General Patients	144	161	133	103	123	105	132	95	115	127	130	145	1513 (1667)
4.													
Journeys	339	300	308	304	333	341	348	326	352	336	350	321	3958 (3707)
Miles	8342	7286	7717	7481	8241	8317	8712	7995	9016	8310	8936	9119	99472 (87134)

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

Laboratory Facilities.

The Public Health Laboratory, Wakefield, continues to receive clinical material and water samples for bacteriological examination, while chemical analysis is carried out by Messrs. F. W. Richardson and A. Jaffe, Bradford, the County Analysts.

Divisional Ambulance Service.

I append particulars of the cases transported during the year. The figures are given monthly, and the total for last year is appended in brackets after the total in each line. This table applies, of course, to the whole Division. It has not been possible to split the Divisional figures to give the figures for Brighouse alone.

It will be seen that there were a few more admissions to hospital and more patients were transferred, and that there was a substantial increase in the number of accident cases. A satisfactory feature of these figures is that fewer people were carried by ambulance on their discharge from hospital, but the number of out-patients carried by ambulance once again shows an increase. This part of the ambulance service has grown each year and has now reached five figures. Although it is appreciated that many of the patients require an ambulance and are unable to use public transport, there are cases where the use of an ambulance is unnecessary and patients could make their way to and from hospital by other means.

Nursing in the Home.

Miss Whiteley retired from the Hipperholme area at the end of May after many years of faithful service. She was replaced by Mrs. Hopson, who commenced work on the 1st June. Miss Salisbury left us at the end of March for a hospital appointment, and she was replaced by Mrs. Helliwell, who worked in a part-time capacity.

Altogether, 8,124 individual visits were made to patients and 371 new cases were treated during the year. In all areas there was an increase in the number of visits made.

Home Helps.

This year, with full employment in the textile industry, the old difficulty in obtaining a sufficient number of suitable women to act as Home Helps has recurred, and we have not been able to provide Home Helps in every case in which we should have liked to do so. This, of course, causes a great deal more work in administration, as cases have to be very carefully considered on their merits in order to obtain the best utilisation of labour available.

At the beginning of the year, 86 domestic cases were being attended, and 83 of these were for old people. During 1953, there were 101 new domestic cases, 86 of these being old people. Thirty-

seven maternity cases were attended, six having to continue the services of the home help well into the post-natal period, and one requiring help both ante-natally and post-natally. At the end of the year, two maternity cases and 96 domestic cases were being attended. Ninety-two of these were old people. At the end of December, 1953, we had 33 Home Helps working part time in Brighthouse, and the total number of hours worked in Brighthouse during 1953 was 28,000.

It will be seen that this service has become a very large and very important one, principally because of the large number of old people being cared for in their own homes. If all these old people had to be admitted to hospitals or old folk's homes the cost to the Regional Hospital Board and the Welfare Authority would be considerable. In addition, of course, the old people are very much happier at home, and there is no doubt that this service is doing a very good work.

Clinics and Treatment Centres.

The Table of Clinics and Treatment Centres is appended.

TABLE 6 — CLINICS AND TREATMENT CENTRES

Name.	Situation.		When Open.
Child Welfare Clinic	...	Huddersfield Road ...	Wednesdays, 2-4 p.m. Thursdays, 2-4 p.m.
do.	...	Wesleyan School, Hipperholme ...	Mondays, 2-4 p.m.
do.	...	St. Annes-in-the-Grove, Southowram	Thursdays, 3-4 p.m.
Combined Ante-Natal and Post-Natal Clinics	...	Huddersfield Road ...	Tuesdays, 2-4 p.m., fortnightly.
do.	...	Wesleyan School, Hipperholme ...	Fridays, 2-4 p.m., fortnightly.
do.	...	St. Annes-in-the-Grove, Southowram	Thursdays, 2-3 p.m.
Artificial Sunlight Clinic	...	Brook House, Atlas Mill Road ...	Mondays and Thursdays, 10 a.m.
do.	...	Wesleyan School, Hipperholme ...	Mondays, 11 a.m.-12.30 p.m. Fridays, 2-4 p.m.
do.	...	St. Annes-in-the-Grove, Southowram	Mondays and Thursdays, 9.30 a.m.
*Diphtheria and Whooping Cough	...	Huddersfield Road ...	By appointment.
Immunisation Clinic	...	Huddersfield Road ...	By appointment.
Vaccination Clinic	...	Wesleyan School, Hipperholme ...	By appointment.
do.	...	St. Annes-in-the-Grove, Southowram	By appointment.
do.	...	Brook House, Atlas Mill Road ...	Every weekday at 9 a.m.
Minor Ailments Clinic	...	Wesleyan School, Hipperholme ...	Mondays, 9.30 - 10.30 a.m.
do.	...	St. Annes-in-the-Grove, Southowram	Thursdays, 9.30 - 10.30 a.m.
Dental Clinic	...	Bonegate House, Bradford Road ...	By appointment.
Remedial Exercises Clinic	...	Brook House, Atlas Mill Road ...	Tuesdays, 1.45 p.m.
Ante-Natal and Post-Natal Exercises Clinic	...	Brook House, Atlas Mill Road ...	Tuesdays, 2 p.m.
Tuberculosis Dispensary	...	Royal Halifax Infirmary ...	Tues., Wed. and Thurs., 9.15 a.m. to 12 noon.
Venereal Diseases Clinic	...	Royal Halifax Infirmary ...	Thurs. 2.30 - 7 p.m.
do.	...	York Place, New North Road, Huddersfield ...	Mon. 2-4 and 5-7 p.m.
	...		Wed. 10 a.m.-12 noon and 2-4 p.m.
	...		Fri. 2-4 and 5-7 p.m.
Consultant Clinics, Ear, Nose and Throat, Ophthalmic & Orthopædic	...	Brook House, Atlas Mill Road ...	By appointment.
Orthoptic Clinic	...	Brook House, Atlas Mill Road ...	Bi-weekly (by appointment).

* This is also carried out at the ordinary Child Welfare sessions.

MATERNITY AND CHILD WELFARE

Health Visitors.

The work of the Health Visitors is perhaps the most important individual section of the work of the Health Service. Midwives and Home Nurses have definite clinical duties, but the Health Visitor's work is primarily educational and is very difficult to assess.

Regular routine visiting of all mothers and children at definite intervals has much to commend it, but we are primarily a service for helping the weaker members of the community, and some of the mothers need more help than others. Experienced, careful mothers, who attend regularly at the child welfare centre, obviously need less visiting than the mothers of children who are not making such good progress, and we now recognise that selective visiting is the best method. In proportion, a great deal of health visiting time is spent with problem families and families that can be designated as incipient problem families. Many of these, of course, never attend the child welfare centre at all. Even when the centre is attended by mothers whose standard of child care is not very high, a false idea is sometimes gained, as the baby is specially prepared for the attendance, and there is no doubt that, excellent though they are, child welfare centres are no substitute for visiting in their own homes, where conditions can be seen and evils eliminated.

The other groups of persons that particularly concern the Health Visitor are the old, and the family with an invalid mother who require a Home Help. All the families that have Home Helps are visited by the Health Visitor to assess the amount of time necessary and the relative urgency of the problem in relation to the number of Home Help hours available.

The Health Visitors have continued to co-operate with the other members of the Public Health team, and particularly with the Midwives, who, of course, hand over their cases to the Health Visitor. Co-operation with the general medical practitioners has also increased a little during the year, but there is room for further co-operation, and all the Health Visitors are to be placed on the telephone so that easier communication will be possible out of office hours.

TABLE 7
Visits paid by Health Visitors in 1953

First visits to children under 1 year ...	...	...	...	...	...	410
Subsequent visits to children under 1 year ...	...	...	...	...	...	2,469
Visits to children 1 to 5 years ...	...	...	...	...	...	3,691
Visits to expectant mothers ...	...	...	...	...	...	249
Miscellaneous ...	...	...	...	...	...	2,440
Total ...						9,259

Ante-Natal Clinics.

Table 8 gives particulars of the attendances at the ante-natal clinics. Only 114 confinements took place at home, but 133 new expectant mothers attended our ante-natal clinics.

The falling off in the attendances at the ante-natal clinics which has taken place regularly every year since 1948, when the National Health Service Act came into force, has been halted, and the number of mothers attending actually shows an increase on last year. Many of them, however, now attend their own doctors as well as the clinic, and this explains the reduction in total attendances. Some of the mothers, of course, attend our ante-natal clinics although they are to be delivered in hospital, and these mothers attend the hospital ante-natal clinics at certain prescribed times. It is a great advantage for mothers being delivered at home to attend our ante-natal clinic, as they then see their own midwife who will deliver them, and also have an opportunity of meeting the health visitor and discussing with her their problems well in advance of the birth of the baby.

As in other years, I have included a table showing a follow-up of all the babies born in this area. This table was originally included to give us an idea of the number of mothers having ante-natal care and the number not having it, but for the last few years every mother in the area has had ante-natal care. This, of course, is very different from the condition of things in 1893, when practically no mothers received any ante-natal care whatsoever, and it is reflected in the neo-natal death rate and the stillbirth rate.

In this table we only show 102 mothers attending the Brighthouse ante-natal clinics, as when they have been attending their own doctor or the hospital at intermediate sessions they have not been included as attending our clinics, otherwise our percentage would be more than 100. It will be seen that 110 out of 168 mothers having their first baby attended the hospital for ante-natal care, and that of those mothers whose child was a second or subsequent child, roughly equal numbers received the three kinds of ante-natal care, hospital, private practitioner and our ante-natal clinics.

The table is still useful as it gives us an idea of the trend in ante-natal care, but its original object of ascertaining the number of mothers receiving ante-natal care is now hardly necessary, as we are in the satisfactory position when all of them receive some ante-natal care. This result is still not obtained without hard work on the part of Health Visitors and Midwives, as, particularly in multiparae, mothers still need some persuasion to receive the ante-natal care they require, and the attendances are still not as regular as we hope to attain.

TABLE 8
Attendances at the Ante-Natal Clinics

	1949	1950	1951	1952	1953
Number of sessions	148	150	127	119	104
Number of new expectant mothers ...	134	159	144	124	133
Total number of individual expectant mothers	196	211	191	176	163
Total number of attendances	954	1012	829	731	615
Average number of patients per session	6.45	6.75	6.53	5.41	5.91

TABLE 9

The Percentage of 414 Investigated Cases in which Medical Ante-Natal Care was given in 1953

	Primiparae		Multiparae		All Mothers	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Cases investigated	168	—	246	—	414	—
Attended Brighthouse Ante-Natal Clinics ...	15	8.9	87	35.4	102	24.6
Attended Hospital Ante-Natal Clinics ...	110	65.5	84	34.1	194	46.9
Attended own Doctors ante-natally ...	43	25.6	75	30.5	118	28.5
Total who received medical ante-natal care ...	168	100.0	246	100.0	414	100.0

Relaxation Clinic.

As a supplement to the ante-natal clinic we now have a Relaxation Clinic. This Relaxation Clinic is attended particularly by mothers expecting their first baby. It is conducted by a Midwife who has been specially trained in the technique of relaxation in labour. At this clinic, not only are the mothers taught simple exercises to strengthen their pelvic muscles, but they are taught how to relax during the first stage of labour when it is so important to avoid all apprehension and tension.

They are also instructed in the technique of breast feeding. It will be seen that since 1949 our percentage of breast feeding has increased, until at 77% it is the highest of the figures given in Table 11, and this increase is undoubtedly to some extent due to the excellent work of this clinic.

Seventy-nine women attended the classes and made 775 attendances, so that the average attendance was ten. This is extremely creditable, as we do not usually get the women to the classes during the first three months of pregnancy, so that the ten attendances were made over a period of six months. Some of the women attending our relaxation classes attend the hospital ante-natal clinics or their own doctors for ante-natal care, and the classes are not confined to patients attending our ante-natal clinics.

Fifty-four women attended for post-natal exercises.

Post-Natal Attendances.

There has been an improvement in the number of post-natal examinations. Although only 55 women attended our post-natal clinics many received post-natal examinations from their own doctor or at the hospital, and it is estimated that about three-quarters of all women who had babies during 1953 had post-natal examinations.

Domiciliary Midwifery.

The number of births which took place at home was exactly the same as last year, and the total of all births only differed by one, so that there has not been a continuation of the decrease in domiciliary confinements. Nor has there been an increase in the number of domiciliary confinements coincident with the increased maternity allowances for women who have their babies at home.

It is interesting to note that the number of mothers having their first baby also remained precisely the same (168), so that the whole pattern of births in this area for 1952 and 1953 was similar.

As I have stated before, we consider that the proper place for a baby to be born, provided the confinement is normal, is in its own home. Some of the homes are not suitable, and there is considerable justification for first babies to be born in hospital. Cases where there is any abnormality should, and do, go to hospital, but some of the children now born in hospital could quite well be born at home, and we hope that the trend towards hospitalisation of normal midwifery is being corrected.

The work done by the Midwives is set out in Table 10 below.

TABLE 10

Work done by the Municipal Midwives during 1953

Labours conducted : (a) as midwives	114
(b) as maternity nurses	—
Ante-Natal visits	815
Post-Natal visits	2,076

Dental Scheme.

During the year, 88 expectant mothers were referred for treatment, and treatment was completed in 45 cases.

Breast Feeding.

I have included again Tables 11 and 12, which show the percentage of babies breast fed, and the causes given for the cessation of breast feeding. It is, of course, the practice nowadays for supplementary feeding to be introduced in all normal cases when the baby weighs 15 lbs., so that we do not expect many babies to be completely breast fed at seven months. There are still cases where the mother continues breast feeding up to a year or more, principally because she believes that this prevents pregnancy, but of all the methods of birth control it is the least satisfactory, both on nutritional grounds and on the results obtained. In studying Table 11 the important figure is the last column, where it will be seen that 77% of babies were breast fed.

The "Other Causes" given in Table 12, very often might be put down as excuses, and there is no doubt that it is extremely convenient to bottle feed a baby as it can be done by so many people apart from the mother. The feeding at the breast has, however, its convenience during the hours of the night.

Reasons for Abandoning Breast Feeding

	No. of cases
A. Maternal.	
(a) General health of mother (obstetric causes, mental shock)	20
(b) Local condition (breast abscess, defective nipples)	6
(c) Failure of milk without known cause	34
(d) Work	2
(e) Twins	2
B. Infant.	
Prematurity, illness, unknown cause	7
C. Others.	
(a) Adopted babies	6
(b) Lack of perseverance	3

TABLE 11

Year.	Percentage breast fed + supplements at 7th month	Percentage wholly breast fed for 1, 2, 3, 4 or 5 months.	Percentage breast + bottle fed for 1, 2, 3, 4 or 5 months.	Total percentage wholly or partly breast fed.
1953	28.4	33.8	14.9	77.1
1952	33.2	25.6	17.3	76.1
1951	25.6	27.1	18.9	71.6
1950	32.3	26.8	13.0	72.1
1949	27.8	33.0	7.8	68.6
1948	22.5	43.9	10.5	76.9
1947	35.1	28.0	9.2	72.3
1946	35.4	21.6	13.0	70.0
1945	40.4	20.2	10.5	71.1
1944	37.98	22.87	12.5	73.35

TABLE 12

Year	Maternal causes	Infant causes	Other causes
1953	80.0	8.7	11.3
1952	82.8	4.3	12.9
1951	73.9	3.7	22.4
1950	74.4	5.1	20.5
1949	83.4	7.0	9.6
1948	73.4	2.8	23.8
1947	75.4	6.3	18.3
1946	68.2	10.9	20.9
1945	75.65	8.7	15.65
1944	58.4	2.7	38.9

INFANT WELFARE CENTRES

The work of the respective clinics is set out in Table 13 which follows.

TABLE 13

Attendances at the respective Infant Welfare Clinics in 1953

	Huddersfield Road	Hipperholme	Southowram	Totals
Number of Sessions	101	49	53	203
Individual Children attending ...	516	232	193	941
Children attending for the first time	197	90	67	354
Medical Consultations	1262	641	819	2722
Average number of medical con- sultations per session ...	12.50	13.06	15.45	13.41
Attendances of children under 1 year	1801	926	744	3471
Attendances of children over 1 year	1828	576	726	3130
Total attendances	3629	1502	1470	6601
Average attendances per session	35.93	30.65	23.96	32.51
Highest attendance at one ses- sion	68	60	58	

Voluntary Helpers.

The ladies who have given such excellent service in the past as voluntary helpers at our clinics, have continued to do so. There is room for new recruits to this work; the burden falls mainly on those who have given devoted service over many years. It is unfortunate if it becomes generally thought that since the National Health Service Act there is no longer any need for voluntary service. There is still great scope for this work and we appreciate very much all that the voluntary committees are able to do.

Artificial Sunlight Treatment.

The work done is set out in Table 14 which follows, and it will be seen that 45 children received 348 exposures.

TABLE 14

The work of the Artificial Sunlight Clinics during 1953

	Brighouse	Hipperholme	Southowram	Total
Number of children treated ...	19	24	2	45
Number of exposures	189	154	5	348

Orthopaedic Treatment.

During the year, 17 children under school age were examined by the Orthopaedic Surgeon. Particulars of these cases are appended below :—

Torticollis	.....	.....	.....	.....	1
Genu Valgum	.....	.....	.....	.....	6
Pes Planus	.....	.....	.....	.....	1
Pes Varus	.....	.....	.....	.....	2
Metatarsal Varus	.....	.....	.....	.....	1
Cerebral Palsy	.....	.....	.....	.....	1
Anterior Poliomyelitis	.....	.....	.....	.....	1
Talipes Calcaneus	.....	.....	.....	.....	1
Congenital dislocation of Hip	.....	.....	.....	.....	1
Toe Deformities	.....	.....	.....	.....	2

Ophthalmic Scheme.

During 1953, 26 pre-school children were examined at the Ophthalmic Clinic. Spectacles were prescribed in 16 cases. Particulars of these cases are given below :—

Strabismus	.....	.....	.....	.....	22
Hypermetropia and Strabismus	.....	.....	.....	.....	2
Blepharitis	.....	.....	.....	.....	1
Bilateral Congenital Cataract	.....	.....	.....	.....	1

DAY NURSERIES

Attendances.

		Wellholme Park	Ogden Lane	Holme House
No. on register at 31st December, 1952	...	40	37	38
No. on register at 31st December, 1953	...	40	32	39

The total waiting list at the three Day Nurseries was 53 at the end of 1953. This waiting list is, of course, very much less than we had in the immediate post-war years, and this is partially due to the mothers knowing that children are now admitted on a priority basis. It is now the County Council's policy that children should be admitted only on "health" grounds, and the priority classes are as follows :—

- A. The young child whose mother is ill or having a baby.
- B. The illegitimate child whose mother is seeking work.
- C. The young child of the widow who must educate and support her family unassisted, and also the young child of the mother whose husband is ill.

- D. The child whose mother goes out to work and is the principal support of the family for other reasons, e.g. separation of parents.

Previously, children were admitted whose parents could not find suitable homes and were living in overcrowded or insanitary dwellings, and children were also admitted when the mother was engaged in the textile or other export industry. In addition, we took in the children of incipient problem families, where the mother requires to go out to work in order to give the child a reasonable standard of life. These women cannot manage on an ordinary income. They are bad managers, and despite advice and very frequent visits from the Health Visitor the children suffer unless the mother can earn herself in addition to her husband's wage.

We have also taken children whose fathers do not give their wives a proper proportion of their wages. There is much to be said against this. It has been argued that children who are not properly looked after at home would be better placed in Children's Homes and away from their parents, but in my opinion there is no doubt that however good the Children's Home — and many of them are excellent — a child is better with its own parents. Day Nurseries have a great advantage over Residential Nurseries. The child spends every night at home. He is in the care of his parents at the weekend and he definitely belongs to someone, and I am quite sure that psychologically this has a very beneficial effect on the child.

Those mothers who can manage a home less well than their more fortunate neighbours often appear, in our experience, to keep their homes rather better when they go out to work than if they stay at home all day, when they become more and more tired and dispirited and dishevelled. Practical help is of more value to them than repeated exhortation. The children are well fed at the Day Nurseries and the additional money ensures that their clothing is adequate. The clothing of these children is not repaired in the stage of initial damage as it is in a good home; cheaper clothes are bought, which prove dearer in the long run, and replacement of clothing is required at more frequent intervals.

It is, of course, difficult to persuade a woman who has been a good citizen and a regular rate payer that the children of another woman whose husband earns as much money as her own husband, should have priority for admission to the Nurseries, but our view of the duties of a Public Health Department are that we should look after the weaker members of the community whoever they may be.

Under the new ruling of the County Council, which, of course, has much to commend it, the Committee have decided that —

“ In any re-organisation of the Day Nursery Service, following upon the consultations which are at present taking place with County District Councils, no places be provided for children of mothers who enter industry, unless it

is necessary for any mother to go out to work on account of the fact that she is the principal support of the family."

This resolution cuts out, of course, children who are bad feeders and are often helped by a short period in the Nursery, and it definitely cuts out all the children of women who cannot manage on their husbands' wages, however small these wages may be, because a mother never becomes the principal support of the family while her husband is working.

Another change in policy has resulted in the Day Nurseries being open only between the hours of 8.30 a.m. and 4.30 p.m. It is difficult in these hours for a woman who is the principal support of the family to earn sufficient to keep her family afloat, and the children now, of course, do not have breakfast and tea at the Nursery, which were formerly provided. We have found it necessary to give the children substantial snacks during the morning and afternoon, and I cannot honestly say that any of the children have suffered nutritionally by the change, but many mothers have resorted to the expedient of allowing young children, even as young as seven years of age, to bring their younger brothers and sisters to the Nursery so that they can start work at the time they are expected, and many of the most deserving cases have been obliged to make other arrangements for their children, arrangements which are not so satisfactory as a Day Nursery.

Day Nurseries can be criticised as expensive places where children are more liable to meet infection than in their own homes. There is no doubt that the proper place for a child is with its parents, and that the proper place for a mother with young children is at home and not in a factory.

Housing is, of course, the responsibility of the Local Authority, and not the Local Health Authority, and under the present two-tiered scheme of administration these Authorities are not the same, so that perhaps it is hardly fair to expect a County Council to provide accommodation for children who are unsatisfactorily housed. The fact remains, that although re-housing continues at a reasonably satisfactory rate there are still many people with young children who live in unsatisfactory houses and who cannot hope to be rehoused immediately, and who are sorry that this provision has been omitted as a priority.

Looking back on the Day Nurseries I feel sure that despite all arguments against them, they have done a great deal of good.

It has been usual to give the infectious diseases which occurred among the children in the Nurseries during the year, and this information is given below for the three Nurseries. It will be seen that there was an outbreak of German Measles, which was common to the Borough. During the year there was only one case of Sonne Dysentery, and we had no cases of this disease the previous year.

It has been our practice to immunise against Whooping Cough as well as Diphtheria, and since this, the number of cases of Whooping Cough has remained low. In none of the four cases was the disease severe.

The total infectious diseases among the children during the year were :—

Measles	.....	.....	.....	.....	16
Chicken Pox	.....	.....	.....	.....	10
Whooping Cough	.....	.....	.....	.....	4
Scarlet Fever	.....	.....	.....	.....	3
German Measles	.....	.....	.....	.....	21
Dysentery	.....	.....	.....	.....	1

MENTAL HEALTH

This report is given on a Divisional basis. The Mental Health Social Worker works in this Division and in the neighbouring Division, No. 19, and all our statistics on mental health are kept on a Divisional basis as it is particularly desirable that the cases remain anonymous. She has continued to do excellent work and has made regular visits to all defectives in the area who are under supervision. Visits were also made to eight defectives not formally reported.

The number of defectives under supervision at the 31st December, 1953, is as follows :—

Statutory Supervision.

Males under 16 years of age	.....	.....	8
Females under 16 years of age	.....	.....	11
Males over 16 years of age	.....	.....	13
Females over 16 years of age	15

Under Guardianship.

Males	2
Females	1

Under Observation.

Males	4
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Eighteen defectives are in regular gainful employment. Defectives who are unable to earn their own living receive the National Assistance Board Allowance after their sixteenth birthday, and the Mental Health Social Worker has helped these children to obtain this allowance.

Thirteen children and two adults have attended group training classes during the year. Two children have attended an Occupation Centre in Bradford and have been conveyed there and returned by taxi each day.

In December, five children who had previously attended the group training class, commenced attendance at the Occupation Centre attached to the Westwood Hospital, Bradford. These children have also been conveyed by taxi and an escort has been provided.

Two adults have received training in their own homes.

The response shown by the children to the training they have received is very gratifying and their parents have been able to enjoy some relief from the burden of their care.

Until the end of the year, the teacher in charge of the training of our defectives was also employed in Division 19, but in December a teacher for Division 19 was appointed and we were able to increase the number of sessions for group training from four to eight half days a week. We should have been glad to increase the attendance to ten half days, thus falling into line with the regular school hours, but this was impossible owing to lack of accommodation. As it is, the group training class is held in the Waring Green Community Centre at Brighouse and there are no facilities for outdoor play or exercise. The distance from the Centre to the nearest park is too far for the children to be transported with the staff available, and there is great need for a proper building in which to train these defectives.

Altogether, however, 1953 was a year of progress, and when we compare the situation regarding the training of mental defectives with that of a few years ago when virtually no help was given locally, it is felt that a real step forward has been made.

After Care.

There were no requests for the after care of patients discharged from the Mental Hospital which takes cases from this area. We are notified of discharges but we are not told the condition of the patients. It is a great pity that background reports cannot be forwarded to us, as the Mental Health Social Worker is under considerable difficulty when she visits patients with no information of this sort available. I am satisfied, however, that she performs a very useful work by visiting these cases, and 36 patients who had had mental hospital treatment were visited by her during the year.

Some of these patients had, of course, been voluntary patients, and many of the voluntary patients were cases of Anxiety Neurosis who had taken their discharge before they were completely cured because they objected to being placed near people they characterised as insane. It would be a particular help to the Social Worker if she knew the forms their anxieties took. These patients require extremely tactful handling if we are to be able to help them, and without the knowledge of their anxiety one has to tread very carefully indeed. It is a tribute to the Mental Health Social Worker that she has been able to make so many friends among these patients and that we have never received a complaint following one of her visits.

Patients who have been in Mental Hospitals are not helped by the attitude of the public towards them, and many patients who would undoubtedly be assisted by a brief period in a mental hospital refuse to go because they know the public attitude towards anyone who has been unfortunate enough to be mentally ill for a brief period. No one looks askance at a person who has a nervous breakdown in their own home, but as soon as they voluntarily go away for treatment, in the public mind they are classed as insane and belonging to a different category of people. There are signs of some improvement in the public attitude to mental illness, but to a patient who is mentally ill the knowledge that when they return to their homes they will not only have to cope with their own worries and anxieties but the additional stigma attached to having been in a mental hospital, often prevents them going into hospital for treatment.

Visits were also made to a number of patients who, because of mental ill health, were notified to the Health Department from other sources, and in all these cases substantial help was given.

I think there is still great need for considerable propaganda among the public with regard to mental illness. A person who is physically ill for a short period receives sympathy and is welcomed back into the community. A person who is mentally ill for a short period is not regarded as convalescent and an object of sympathy, but rather of pity. I wish we could break down this attitude. Perhaps as more people go as voluntary patients and as more room is provided in mental hospitals for the treatment of these patients who are suffering from temporary mental illness the whole attitude will change and it will be acknowledged that a patient who is so placed requires sympathy and help and is capable of full restitution to complete health.

In the Doctors' Surgeries, in the School Clinics, and in the Child Welfare Centres, we meet many cases of minor mental ill health, some of which only need a word of encouragement. The Health Visitors in their regular visits to the homes, not only treat the family's physical condition but often help with problems which, if neglected, would lead to mental ill health. The provision of Psychiatrists to deal with all cases of minor mental illness would be an impossibility, and would not be desirable. As our service grows and the Health Visitor becomes more well known and her co-operation with the General Practitioner becomes better established, I am quite sure that very much more preventive work in this field will take place.

The importance of the social circumstances of the family in connection with the physical ill health of a patient is now acknowledged and widely recognised, but they are perhaps of still greater importance in the causation of minor degrees of mental ill health, and the day to day work of the Health Visitor is incalculable in its good effect. We are finding that more and more people are coming to our ordinary clinics for guidance in the care of their children

psychologically as well as physically, and this aspect of the work properly comes under this section of the Report.

In addition we have, of course, a Child Guidance Clinic, to which cases of mental ill health among children are referred. More often, these clinics devote a great deal of their time to parent guidance. I hope that very soon it will be possible in all the senior schools for Health Visitors and Medical Officers to spend some time in instructing school leavers in at least the elementary principles of bringing up children. So much mental illness is deep rooted and commences in childhood, and so much depends on the parents of the child.

The Duly Authorised Officer, Mr. Johnson, has given me the following Report on his work in the Brighouse Borough during 1953 :—

Persons removed as certified patients to Mental Hospitals under Section 16, Lunacy Act, 1890	5
Persons removed under Section 20, Lunacy Act, 1890	2
Persons removed under Section 21, Lunacy Act, 1890	—
Persons assisted in obtaining admission to Mental Hospitals as voluntary patients under Section 1, Mental Treatment Act, 1930	4

GERIATRICS

The care of old people in their own homes is one of the most important functions undertaken today, and with the gradual ageing of the population it is not likely that it will take up any less of our time. General Practitioners, Health Visitors, Home Nurses and Domestic Helps all have their part to play, and if the Domestic Help Service, the Health Visiting Service and the Home Nursing Service were paid for by the Regional Hospital Board out of the money saved in hospital costs by keeping the old people at home, all these services would be better paid. It often occurs to me when Local Authority costs are discussed and welfare expenditure falls on the rates, that the domiciliary care of the old could properly be a charge on the Hospital Service, as in so many cases it could be established that without these services hospital beds would have to be provided to a very much greater extent.

Last year I referred to the great progress made in the opening of clubs for old people in this area. Following the Good Companions Club at Hipperholme, the " 65 " Club was opened at Hove Edge, the Golden Link Club at Rastrick, the Good Companions Club at the Civil Defence Headquarters in Brighouse, the Good Companions Club at Norwood Green, and now the Forget-Me-Not Club at Waring Green. It has always been my belief that the old people who particularly need attention are those who cannot get to clubs, and I am very glad to be able to say that these clubs have formed an

excellent medium both for the old people who are able to attend them for entertainment and relaxation, and also as a means of keeping track of old people who are temporarily incapacitated and unable to attend. Most of the ladies responsible for running the clubs arrange to visit these people when they are absent and are able to tell us if they need any help which we can give them.

It is wonderful to visit these clubs and to see how happy the people are. Many, if not most of them, have worked very hard during their life, and in their retirement deserve all that we are able to give them. At the present time, when many people seek vainly for pleasure in expensive entertainment, it is most instructive to see how enjoyable a meeting of kindred spirits can be made. Loneliness is essentially a problem of old age, and many of them look forward with the greatest pleasure to meeting their old friends and comrades week by week.

Home Helps have been provided on a scale even larger than last year for old people, and on an average about 100 old people have been helped each week in this way. This number could have been considerably higher except for the care of the old by their relatives. It could also have been lower if some of the relatives had been willing to make more sacrifices. It is, of course, a considerable sacrifice to give up one's work to attend to one's elderly relative in an area where the employment of married women is on such a large scale. The standard of living now demanded by the community in Brighouse is often not met by one wage in the family, and with the younger and childless families particularly it is the rule rather than the exception that the woman goes to work.

As more houses become available and separate households are established for the young married couple, there will be an increasing reluctance to care for the parents. It is a great deal more difficult to arrange for care when the old person occupies a separate house. It also, of course, increases the problem of the old person, so the burden of care of the old person living alone is gradually shifting from the individual family to the community. Sometimes we feel that more sacrifices could be made for their parents and aged relatives by the young people, and Health Visitors do save expenditure on the Home Help Service by persuasion. However this may be, the community owes a duty to the old folk who are living on a pension steadily diminishing in terms of real money, and who have by their labours helped to found the present high standard of living of the people of this country. In Brighouse, on the whole, the Home Help Service is not being abused, but we must watch for this constantly and try to avoid an unfair burden on the community which properly belongs to the family circle.

We still have had cases, particularly of females, who have had to wait a considerable time for a hospital bed, but the position has eased since the early days of the National Health Service Act produced a crisis with the sudden departure of the Relieving Officer,

who could always obtain immediate admission for cases who required it.

Many of the so-called old people in our community, i.e. people eligible by age for a pension, are still able to work, and some do work, but I believe that there is still considerable scope for the part-time employment of the older people.

The Brighthouse War Memorial (Nurses Endowment) Fund have now made it possible for old people in Brighthouse who cannot afford to pay for the services of a Chiropodist to have this treatment carried out at the expense of the Fund. Perhaps one of the greatest of the troubles of old people is that of locomotion, and of the causes contributing to this difficulty there is none more common than minor disorders of the feet that can be cleared up by the attentions of a Chiropodist.

The scheme commenced in February, 1953, and during the first year of operation 63 old people received treatment. Half of them were unable to attend at the surgery and in these cases the treatment was given in their own homes. Altogether, 350 treatments were given during the year.

Unfortunately, this Fund only extends to the old Brighthouse boundaries but we are hoping that some similar provision will be possible soon for the old folk of the outlying areas.

Altogether, in this area, great steps forward have been made recently in the care of the old people, and the work of the Old People's Welfare Committee and the various clubs, the work of the Health Visiting and Home Help Services, has been supplemented by the tolerance of some employers in retaining old persons at work when they are beyond optimum efforts.

SANITARY CIRCUMSTANCES IN THE AREA

Water Supply.

Of the 11,049 inhabited houses in the Borough, 10,974 are on the public supply, which has remained satisfactory as regards quantity and quality throughout the year. With the exception of six houses supplied by stand-pipe, all those on public supply receive water directly to the houses. The remaining houses have private supplies derived from springs and wells, the majority of which are frequently contaminated by animal pollution. An examination of private water supplies showed that out of 11 samples submitted 10 were found to be unsatisfactory, and the only safe way for people with private supplies from shallow wells is for the water to be boiled. It is unlikely that any great improvement in this position will be made in the near future, as most of the houses and farms not on public supply are remote from any public water main or service.

Examinations for plumbo solvency were all satisfactory, and the pH value was always over 7.

I am informed by Mr. Lawson, the Water Engineer, that the following extensions and replacements of main were carried out during 1953 :—

Extensions of main —

78 yards of 3" main, " The Avenue," Lightcliffe.

43 yards of 3" main, Lightridge Road, Rastrick.

Replacements of main —

150 yards of 3" main, Ripley Street, Lightcliffe.

109 yards of 3" main, Greenhead Lane, Rastrick.

Drainage and Sewerage.

The requirements for drainage and sewerage in this area were very adequately dealt with in a Sewer Survey which was published by the Borough Engineer five years ago.

I am informed by the Borough Engineer that the actual work carried out during 1953 was as follows :—

All sewers constructed on the second stage of the Cain Lane Housing Estate, Southowram.

The Queens Road area of Norwood Green, the east end of River Street, and various parts of Southowram, are still not connected to the sewer. In the majority of cases the existing sewers are not within a distance that Statutory Powers could be exercised to compel owners to connect up to sewers.

Rivers and Streams.

The West Riding Rivers Board is the supervising Authority. No complaints regarding the pollution of any streams in the area were received by the Health Department during the year.

Public Cleansing.

Full details regarding Public Cleansing are given by the Cleansing Superintendent.

Sanitary Inspection of the Area.

The work done during the year is set out in tabular form in the Sanitary Inspector's Report.

Smoke Abatement.

One hundred and eighty-four observations of smoke emissions were taken during the year. In only one case was the Byelaw limit of three minutes in half an hour exceeded.

Full details of the atmospheric pollution gauges are given in the Sanitary Inspector's Report. It will be seen that the total solids were highest at Wellholme Park in the centre of the town, and at Lightcliffe, where, however, there was an improvement on previous

years. It is considered that much of the pollution at Lightcliffe comes from neighbouring County Boroughs.

West Riding County Council (General Powers) Act, 1951.

Last year I indicated that this Act contains some extremely useful provisions, and that under Section 76, 19 vehicles had been registered for retailing food stuffs within the Borough. A further vehicle was registered in 1953.

Under Section 120, two additional hairdressers were registered, making a total of 37 in the area. Details of the inspections made are contained in the Sanitary Inspector's Report.

Rag Flock and Other Filling Materials Act, 1951.

One premises was registered during the year for the use of rag flock as filling material for furniture manufacture, and seven inspections were made.

Public Baths.

I am obliged to Mr. W. Cockroft, the Baths Manager, for the following statement of the attendances of bathers during 1952 and 1953.

Mixed—	1952	1953
Mixed Bathing	17,189	18,592
Females—		
Ladies	799	830
Girls	3,539	3,815
Girls' Swimming Classes	6,686	6,739
Ladies' Club and Season Tickets	1,778	2,074
Ladies' Slipper Baths	1,292	1,197
Males—		
Men	1,922	1,896
Boys	3,447	2,999
Boys' Swimming Classes	16,024	14,989
Men's Club and Season Tickets	1,581	1,850
Men's Slipper Baths	8,844	8,313
	<hr/> 63,101	<hr/> 63,294

It is interesting to note how remarkably constant the figures remain, but that the number of slipper baths is gradually decreasing. This is no doubt due to the provision of baths in private houses.

The swimming bath is well maintained. Regular routine samples of the water have been submitted for bacteriological examinations. These were generally satisfactory but coliform organisms were found in samples submitted in June. The Baths Manager and his staff continue to exercise the best possible supervision.

Housing Programme.

The Borough Engineer informs me that the following houses were completed in 1953 :—

Stoney Lane Estate—				
Bed-sitting room flats	.....	.....	.....	1
2-bedroom flats	.....	.....	.....	1
2-bedroom houses	.....	.....	.....	2
3-bedroom flats	.....	.....	.....	1
3-bedroom houses	.....	.....	.....	12
4-bedroom houses	.....	.....	.....	2
Cain Lane, Southowram—				
2-bedroom houses	.....	.....	.....	6
3-bedroom houses	.....	.....	.....	12
4-bedroom houses	.....	.....	.....	2
Field Lane, Rastrick—				
2-bedroom flats	.....	.....	.....	40
2-bedroom houses	.....	.....	.....	32
3-bedroom houses	.....	.....	.....	32
Total				143

The compares with the total of 165 houses, a list of which was given in last year's Report, which it was hoped to complete in 1953.

The programme for 1954 is as follows :—

Stoney Lane Estate—				
3-bedroom houses	.....	.....	.....	6
Cain Lane, Southowram—				
2-bedroom houses	.....	.....	.....	8
3-bedroom houses	.....	.....	.....	8
Field Lane, Rastrick—				
Single person flats	.....	.....	.....	8
Old persons bungalows	.....	.....	.....	10
2-bedroom houses	.....	.....	.....	28
3-bedroom houses	.....	.....	.....	48
Total				116

Up to the end of 1953, 720 post-war houses and 375 pre-war houses had been built by this Corporation, so that we now have over 1,000 council houses in the Borough, and over one-eleventh of the houses are owned by the Corporation.

It may be very desirable for as many people as possible to own their own houses, but in the lower income groups it still remains beyond the capacity of many of their members to buy a satisfactory house and to keep it in good repair, and the tendency of people to purchase old, worn-out houses to live in, is to be deprecated. It is not

always realized quite how much an old house costs to keep in good repair.

It is natural that landlords owning these old houses wish to dispose of them when they are empty, as they are not an economical proposition to maintain as the cost of maintenance repairs may be more than the income from them, and an empty house may still be sold at a swollen price. There is a tendency for people who are tired of waiting for a council house to buy property which may have to be condemned for slum clearance and I would advise them to seek skilled advice before making this purchase.

The end of the year heralded the approach of new legislation now on the Statute Book to provide for a resumption of slum clearance and to give good landlords more opportunity of keeping their houses in good repair, and of effecting improvements to them.

The increased number of council houses raises the standard of accommodation in this district, but as new houses go up so do others become more and more unfit to live in, both because of increasing disrepair and because of the rise in standards rightly demanded.

It will now be possible for some of these old sub-standard houses to be patched up temporarily so that the tenants will have at least some degree of comfort; others will be beyond any patching. It will be our duty to see that the new legislation is used to its best advantage and that the maximum comfort is brought to the many who now live in sub-standard houses. It is now accepted that everyone has a right to live in a dry, well-ventilated, well-drained house with adequate heating and lighting, and proper facilities for the storing and preparation of food, and with a bath and hot water supply.

To embark on a realistic programme of slum clearance will require a substantial allocation of houses for re-housing the displaced tenants. Unless the rate of building can be accelerated, the number of houses available for letting to families who are living in overcrowded conditions will be reduced, but this reduction in the re-housing of families from the housing lists will not be as considerable as might be expected as some of the families living in unsatisfactory houses are already high on the housing lists, and would be eligible for re-housing on the Council scheme.

In 1953 the following areas were represented to the Council :—

- The Elland Road, Brookfoot, Clearance Order
3 houses (2 occupied)
- The Tanhouse Hill, Hipperholme, Clearance Order
4 houses (all occupied)
- The Cromwell Bottom, Brookfoot, Clearance Order (No. 1)
11 houses (3 occupied)
- The Cromwell Bottom, Brookfoot, Clearance Order (No. 2)
3 houses (2 occupied)

These areas had all been the subject of previous action immediately before the war and with the passage of time the houses had further deteriorated.

No new cases of overcrowding under the Housing Act of 1936 came to our notice during the year, and 32 cases of overcrowding, involving 160 persons, were relieved in this period.

I append below the remarks of the Medical Officer with regard to Sanitation in 1893, from which it will be seen that considerable progress has been made since those days. The achievement of 1,400 pail closets as compared with 1,240 the previous year was indeed real progress in those days, when sewers were not generally available. We still have areas in this town where there is no sewer, but I hope that this will not be the case very long.

" SANITATION

Drainage.

There are a great many cases calling for special comment in this connection. During the year the Local Board of Brighouse has been very active, and a large number of sewers have been put into a better state, the old dry walled ones being replaced by sanitary pipes of proper diameter, and ventilation being specially attended to. In the Report of your Sanitary Inspector, Mr. Emerson Brooke, you will find special mention made of the particular cases.

Rastrick also has been keeping well to the fore, and a large amount of drainage has been completed, though much has had to take simple makeshift remedies pending the conclusion of the Sewerage Scheme. I have commented on a few special cases in a subsequent paragraph.

There is a great objection amongst property owners in your district to the trapping and disconnection of house drains. No amount of persuasion will show them that an S-trap is necessary to prevent the foul gases given off from the interior of a sink-pipe which is coated with grease, soapy matter and other kinds of filth from rising into the house, aided by the draught caused by the fire or the wind. They are necessary in every case, and more especially so when there is a long length of sink-pipe with very little fall. In most houses there is a cupboard above the sink-stone in which some articles of food are kept, or at any rate the plates, cups, etc., from which the family eat, and it cannot be healthy for persons to eat off or from such things when they have been exposed for three or four hours or more to a direct current of drain-gas. There is also the fact that the woman of the house whilst washing, etc., stands over the sink for a long time together inhaling drain-gas. And when we come to look outside we find in a large majority of cases that if there is a gulley-trap it is often improperly fixed so that the sink waste delivers into the ground round about it, or that the trap is covered up with

bricks or stones, the state of which shows that it is never cleaned out or cared for at all. The favourite trap for house-drains seems to be the old-fashioned and inefficient siphon-trap with the central ventilating shaft : the sewage eddies round this central vertical shaft, and foul floating matter coats its interior, and is very difficult to flush away ; the inlet and outlet of the trap being generally on the same level there is no chance of the trap being properly flushed out, and solid filth settles in the trap, eventually choking it. Besides all this, the so-called ventilating shaft really only ventilates the small amount of sewage in the trap, and if the trap, as a trap, be efficient, there is no through ventilation of the house drain.

Your Authority should consider the question of keeping a supply of the proper Buchan traps at your Sanitary Depot, and property owners would then have no excuse for not putting in the proper kind. Besides this I am of opinion that, as Sanitary Inspectors are the persons who are called in to examine drains when they are out of order, and put them to rights or suggest remedies, they should have some kind of authority in the case of new buildings, to superintend the laying of the drains and their connection with the sewers. When the same person is Surveyor and Sanitary Inspector this of course is accomplished, but when the offices are separate I am of the opinion that the Sanitary Inspector should have that portion of the work relegated to him.

Drainage of Slade Lane, Rastrick.

On the 15th of April I visited the house of Mr. Helm, Slade Lane, where there was a case of scarlet fever, arising from infection at school or whilst the child was at play. Scarlet fever is not an illness which comes from defective drainage, but the fact of defective drainage existing on the premises would lessen the chance of recovery and probably intensify the throat symptoms. In my routine enquiries I discovered that there was a cesspool in the front garden — a few feet from the room window. I inspected the cellars but could discover no evidence of bad drainage — nothing in fact further than a slight dampness of the walls and the peculiar musty smell common to all cellars. The people of the house complained of the proximity of the cesspool, and I naturally enough said that it was not a good thing from a sanitary point of view. The matter was reported to the Sanitary Committee of the Rastrick Local Board, and a deputation appointed to inspect the whole of the Slade Lane houses. I attended with this deputation on April 24th, and afterwards discussed the matter with them. Nothing of any import was decided at that time. Again on May 8th the matter was brought up, and again nothing decisive was resolved on. I then communicated with Dr. Whitelegge, and on July 21st he visited the place with the Chairman of the Sanitary Committee and myself. He entirely agreed with what I had previously enunciated — viz., that the householder in question, Mr. Helm, had no further ground of complaint than the other householders, and that, as every sanitarian would admit, the sooner the cesspools were done away with the better. The matter again came

up at the next meeting of the Sanitary Committee, and it was decided to adopt the advice of Dr. Whitelegge and communicate with Mr. Fowler to see whether he could drain that portion of the district at an early period ; if not, then it would be for the Sanitary Committee to consider the cost and expediency of laying a pipe sewer to take all the houses in question and connecting this sewer with the one in New Road, at present taking surface water — ' a barbarous idea ' — as Dr. Whitelegge himself confessed whilst mentioning it. It would then be the duty of the Sanitary Authority to call on the owners of the property to connect their house drains with this sewer, since their houses are, by their own confession ' ineffectually drained.' The cesspools would then need thoroughly cleansing and filling up.

For the last few months matters have been in such a state of chaos, owing to the Incorporation of the Borough, that I have heard nothing at all about any further steps in any direction.

Sewage Disposal.

Your Committee has also been in negotiation with Sir George Armytage for the purchase of the necessary land at Cooper Bridge for outfall works, etc., and these negotiations are fast approaching settlement. Visits of inspection have been paid to various Sewage Works at Leeds, Salford, Hebden Bridge, Rochdale, etc., with a view to determining the most efficient process available, and it is to be sincerely hoped that the Scheme will be entered upon very shortly.

Excrement Disposal.

The Sanitary Inspector in his Report commented on the excrement disposal as follows :—

In connection with this I may state that the present arrangement of having the privy middens, etc., cleansed by the Sanitary Staff has worked well and given satisfaction during the whole of the year.

A very large amount of work has been done in connection with the construction of new privy middens or alteration of old ones during the year. I have made a large number of inspections in company with your Medical Officer of Health, with the result that during the year no fewer than 55 new closets have been constructed on the tub system, and 89 old ones which were for the most part in a very foul and offensive state have been altered to the tub system. Twenty-four new dry ashpits have been also constructed, and 32 wet ashpits altered to the dry system : four wet ashpits have had dry ash tubs substituted.

There are now about 1,400 pail closets in the Brighthouse district, as compared with 1,240 in 1892, whilst there are left 13 uncovered privy middens."

INSPECTION AND SUPERVISION OF FOOD

Premises for the Manufacture, Preparation and Sale of Food.

All premises connected with food have been visited regularly, over 1,200 visits having been made to the various types of food premises.

An outbreak of food poisoning occurred in September in the Brighthouse Girls' Grammar School. The meal prepared in the school canteen was eaten on Friday, the 25th September, and the illness occurred over the weekend. In only two cases was the illness thought sufficiently serious for a Doctor to be called in and it was not until Monday, the 28th September that the occurrence of the outbreak became evident. A sample meal of the food eaten on the Friday had, however, been preserved and was sent to the Laboratory for examination. Specimens of faeces were also sent. In two cases *Clostridium Welchii* (Heat Resistant) was found. No food poisoning organism was found in any of the other specimens. Two members of the kitchen staff gave a history of illness on the 22nd and 24th September. Both of them returned to duty out of mistaken zeal. The girls attended were only ill for a few hours and in no case was the duration of the illness longer than 48 hours. A full report on this outbreak was made to the Ministry of Health, to the County Medical Officer of Health, and to this Council at the time.

Milk Supply.

Although we are not responsible for the production side of milk supply, regular samples are taken from the distributors and all unsatisfactory samples are reported to the Ministry of Agriculture and Fisheries. Twenty-one milk distributors were registered, of whom 12 are resident in the Borough. There were also 39 shops registered for the sale of bottled milk.

One hundred and two samples were taken for chemical analysis on behalf of the West Riding County Council, and 97 of these were satisfactory. Two of the remaining samples were genuine, although there was a slight deficiency in solids not fat. It was considered that in the other three samples there had been abstraction of fat. In addition, 201 samples were taken for the methylene blue test and, of these, 20 were found to be unsatisfactory and required following up. Of these 20 samples, 10 were obtained from farms where more than one unsatisfactory sample was found. The attention of the Ministry of Agriculture was drawn to these and it was promised that particular attention would be given to these farms, and especially to one farm where we had three consecutive unsatisfactory samples.

None of the 11 samples of sterilised milk taken for the turbidity test showed inefficient sterilisation, and all the 88 samples submitted for the phosphatase test showed satisfactory pasteurisation.

Twenty samples were taken for the biological test for Tuberculosis. None of these samples were found to be infected with the tubercle bacillus.

Ice Cream.

Two premises were registered for the manufacture of ice cream and regular routine inspections of the premises were made. The premises are satisfactory. There are now 83 premises registered for the sale of ice cream.

A total of 89 samples of ice cream were taken for examination by the methylene blue test and, of these, 86 were found to be in Grades I and II, and three, all of which were produced outside the Borough, in Grade III.

No coliform organisms were found in the 45 samples of "iced lollies" submitted for examination.

Meat and Other Foods.

A detailed statement regarding the action taken with regard to meat and other foods is given in the Sanitary Inspector's Report. Condemned meat is sent for processing. Other waste foods, along with kitchen waste, is dealt with in the plant of a neighbouring County Borough.

Adulteration, etc.

The administration of the Food and Drugs Act is carried out by the West Riding County Council, samples being taken by our Sanitary Inspectors.

Chemical and Bacteriological Examination of Food.

Samples of foodstuffs for chemical and bacteriological examination are taken by the County Council.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

General.

The notifiable diseases most prevalent during the year were Chicken Pox and Measles.

It has not been the policy of this Department to recommend disinfection of premises as a routine measure, but terminal disinfection has always been carried out in cases of Tuberculosis where the patient has been removed to sanatorium, or where the patient has died.

Diphtheria Immunisation.

Children were immunised at the Infant Welfare Centres, at a special morning session at Huddersfield Road Centre, and in the Schools.

The prophylactics used were two doses (0.5 and 0.5 c.c.) Alum Precipitated Toxoid for children under 5 years. For children over 5 years Toxoid Antitoxin Floccules were used, three doses of 1 c.c. each. Previously immunised children were given a reinforcing dose of 1 c.c. on reaching the age of 4½ to 5 years, and again at 10 years of age.

Two hundred and fifty-nine children completed a full course of primary immunisation during the year. Four hundred and sixty-five children were given a reinforcing dose.

The number of children who had completed a full course of immunisation at any time up to the 31st December, 1953, is as follows :—

(Age at 31st December, 1953)							
Under 1	1 yr.	2 yrs.	3 yrs.	4 yrs.	5-9 yrs.	10-14 yrs.	Total
23	218	312	309	333	1825	1603	4650

The age in this table is at the 31st December, 1953, and it will be appreciated that many of the children immunised early in 1953 but born in 1952 were actually under one at the time of immunisation. The usual age for immunisation against Diphtheria is eight months, and the immunisation takes a month to complete, so that it is only possible for the children born in the first three months of the year to be immunised.

In order to get a true picture of the degree of immunity conferred on the child population, the Ministry of Health have asked us to tabulate the children immunised in the Division in two groups, which give the number of children who have received either an initial or a booster dose in the last five years and those who were immunised at a date preceding this. It will be understood that some degree of permanent immunity is conferred on the children by the initial immunisation but that we try to protect them by a booster dose just before they go to school, and again at 10 years of age. This table has been compiled on a Divisional basis, and shows that over 5,000 children have been protected during the last five years and that nearly 3,500 of the present child population were immunised prior to 1948. The full figures are given below :—

Number of Children at 31st December 1953, who had completed a Course of Immunisation at any time before that date (i.e. at any time since 1st January 1939)

Last complete course of injections (whether primary or booster)					
Age at 31.12.53 i.e. Born in Year	Under 1 1953	1-4 1952-49	5-9 1948-44	10-14 1943-39	Under 15 Total
A. 1949-1953	56	2159	2412	664	5291
B. 1948 or earlier	—	—	1066	2358	3424

Whooping Cough Immunisation.

Two hundred and fifty-four children were immunised against Whooping Cough during the year, and of these 165 were under one year of age.

In many respects Whooping Cough is now one of the more serious of the Infectious Diseases. It causes a prolonged illness and is particularly wearing to the very young child. An attack of Whooping Cough during the winter months can be very disabling indeed. It is for this reason that we welcome the response made to Whooping Cough Immunisation. Although protection does not appear to be as complete as in the case of Diphtheria, I consider that Whooping Cough Immunisation, particularly at a young age, might well mean the saving of lives.

Vaccination for Smallpox.

During March, April and May, 1953, cases of Smallpox occurred in neighbouring districts, and there were four cases at a General Hospital. The outbreak was tackled very promptly and all possible contacts were vaccinated, and of the figures given below, 131 vaccinations were carried out at hospitals in a neighbouring County Borough. Many of the persons vaccinated were vaccinated during this period, and I am afraid that this is the principal reason why our figures this year are better. Since the epidemic died down it has been again difficult to persuade parents to have their children vaccinated at four months of age.

On the whole the mother of the young baby is conscious of the need for vaccination, but often she puts it off for a more appropriate time, which never comes, and I would again urge parents to have their children vaccinated, unless there are medical reasons for delay, at the age of four months.

Vaccinations carried out during the year were as follows :—

	Under 1	1	2-4	5-14	15 years	Total
Ages	year	year	years	years	and over	
	129	61	81	139	177	587
Re-vaccination	—	—	4	41	166	211

B.C.G. Vaccination.

Six child contacts, who were negative to the Tuberculin Test, were given B.C.G. Vaccination.

NOTIFIABLE DISEASES

Diphtheria.

No cases of Diphtheria were notified in the Borough.

Smallpox.

No cases of Smallpox occurred during 1953.

Ophthalmia Neonatorum.

No cases of Ophthalmia Neonatorum were notified during 1953.

Pneumonia.

Sixteen cases of Pneumonia were reported, compared with 30 in 1952. There were 15 deaths.

Puerperal Pyrexia.

Five cases of Puerperal Pyrexia were notified during the year. Four of these cases would not have been notified under the old regulations, and were all thought to be a coryzal nature and not due to any gynaecological complications. All five cases were admitted to hospital. Swabs taken from the Midwife were negative but all precautions were taken and no other cases in her practice followed this one.

Cerebro Spinal Fever.

No cases of Cerebro Spinal Fever were notified during 1953.

Sonne Dysentery.

There were six cases of Sonne Dysentery notified during the year. One case was notified in the early part of 1953, and this case was not traced to any know source. There was another case in July, to which the same remarks apply. In November there were four cases notified in a particular area of the Borough. Two of these belonged to one family and a third was an intimate friend of this family. They occurred in three different houses, and none of the other members of these families had any symptoms of the disease.

Scarlet Fever.

During 1953 there were 117 cases of Scarlet Fever, compared with 40 in 1952. All the cases were mild in character, and indeed, many of the younger patients did not appear to be ill at all so that there was a tendency for school attendance to be made, and for the disease to spread. Two of the Infant Schools were visited specially in order to help to control the epidemic.

There were cases, at the time, of slight sore throat without a skin rash which appeared to have the same infection as those with a skin manifestation.

Twenty-three cases were admitted to hospital but almost all of these were uncomplicated. There were no deaths from the disease.

Chicken Pox.

One hundred and seventy-five cases were notified during the year compared with 565 cases in 1952.

Measles.

One hundred and seventy-seven cases of Measles were notified during the year, compared with 469 cases last year. There were no deaths from this disease.

Whooping Cough.

There were 94 cases of Whooping Cough notified in 1953 compared with 98 in 1952.

Acute Anterior Poliomyelitis.

There was one case of Acute Anterior Poliomyelitis during the year. This case could not be traced to any known case inside or outside the Borough. The patient gave a history of having been wet and exposed at a seaside town about ten days before the illness. The case was atypical in its onset as the pains appeared to be localised to the hip joint, which she had injured a year before. Later there was definite muscular weakness, and the diagnosis was confirmed. A good recovery was made.

Tuberculosis.

The statistics relating to Tuberculosis are presented in tabular form in Table 17.

No action has been found necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, nor under the Public Health Act, 1936, Section 172.

There were 57 notifications of Respiratory Tuberculosis during 1953, as compared with 44 in 1952; and three cases of Non-Respiratory Tuberculosis, as compared with six in 1952. It will be seen that the number of notifications of Respiratory Tuberculosis shows no downward trend. This, we believe, is due to the fact that contacts have been followed up. The total number of known contacts is 291, and from this total 86 were X-rayed at the Royal Halifax Infirmary. Of these, nine were notified as suffering from Tuberculosis, and one case was put under observation. During 1953 a full register of contacts was compiled, and whenever the Mass Radiography Unit visits this area in future all contacts will receive a special invitation to attend.

It will be seen from Table 17 that we had 12 cases of Respiratory Tuberculosis under 15 years of age this year, as compared with 11 in 1952. Last year nine of the 11 cases were in female

children, but this year they are more evenly divided, there being five males and seven females.

On analysing the illness in children we find that six cases occurred in two families, in one of which the father was the sufferer, and in the other the mother. It is interesting to trace the progress of the disease as it was discovered in one of these families. A child was found in a Day Nursery to be suffering from Tuberculosis. The parents were X-rayed and the father was found to be heavily infected. For some time this family had resided in the same house as one of the families previously mentioned, and an X-ray examination showed the disease established in the father and an infantile type of Tuberculosis in three of his children.

Another case occurred in a child where the father has Tuberculosis. This case, too, was a primary complex. In another case occurring in a child, the father and mother also had Tuberculosis. They had been living with the maternal grandfather who died from Tuberculosis, the illness being discovered only in a very late stage of the disease. Another case of child Tuberculosis was discovered where the mother was herself the patient, the child being discovered by having a positive response to tuberculin. In a further case the father was the sufferer from Tuberculosis. Only two cases were discovered in children who had no connection with any known case of Tuberculosis.

One of the cases of Non-Pulmonary Tuberculosis, a case of Tuberculosis of the spine, occurred where the father had Tuberculosis; and another was a case of glands where an aunt was affected.

Two cases of Tuberculosis were discovered in one school at the end of 1952, and at the beginning of 1953 we arranged a special X-ray examination of all the children who had been in immediate contact and of all the staff of the school, and as a result of this examination one case was discovered but all the other children and staff were clear.

In 1893 there were 39 deaths from Tuberculosis. This year we had eight deaths and they were all in people of middle age or older.

Certain patients suffering from active Tuberculosis received two pints of milk free daily under the Extra Nourishment Scheme of the County Council, but it was felt that a great deal of help is necessary where whole families are affected and where the wage earner is incapacitated for long periods. Much could be done by a Voluntary Committee, although the National Assistance Board do help where it is possible, and for this reason a Meeting was called of prominent people in the town and a Care Committee was formed at the end of the year under the Chairmanship of Councillor G. Turner, M.C., J.P. I feel sure that this Committee will be able to do very useful work.

Appended below is a table of the deaths from infectious diseases in 1893. This table does not include Tuberculosis, which, at that time, was not notified, and indeed, the Medical Officer doubts whether the advantage of the notification of Tuberculosis might be mitigated by the psychological effect on the patient. We have found that far from notification having a bad psychological effect, the regular visits of a sympathetic and kindly woman to the patients at home, with the help and advice she is able to give, have definite psychological advantages, and without notification we should not, of course, be able to trace all the contacts, and many of the cases notified this year would not have been discovered.

From none of these infectious diseases in the years 1953 were there any deaths whatsoever. Public Health is the most unspectacular branch of the Health Service, and often we appear to make progress very slowly. Perhaps it is in the section on infectious diseases that we are best able to show what progress has been made, and I find it very interesting to read the remarks of the Medical Officer in 1893 on infectious diseases.

You will see that he refers to the hospital at Clifton, which was then comparatively new and up-to-date. This year, this hospital has been closed, and the Regional Hospital Board have decided that it does not conform to present day standards demanded in a hospital. There is now no difficulty in the admission of our cases of infectious disease into the Northowram Hall Hospital, and this hospital too has been able to spare room for cases of Tuberculosis. The saving on hospital beds for cases of infectious disease, despite a big increase in population, is some justification for public health measures, even on economic grounds.

" Analysis of Causes of Death from Infectious Diseases

Disease	Brighouse	Rastrick	Hove Edge	Borough
Smallpox	1	1	—	2
Scarlet Fever	19	4	1	24
Diphtheria	1	1	—	2
Whooping Cough	1	2	—	3
Typhoid Fever	—	1	—	1
Continued Fever	—	—	1	1
Diarrhoea	9	5	1	15
Total	31	14	3	48
Zymotic Death Rate ...	2.9	1.4	2.0	2.2

Smallpox.

The epidemic of smallpox which invaded your district in the early part of 1892, continued to start up in various parts until the 12th June, when the last case was admitted into the Hospital at Clifton. Brighouse, from its position on the lines of traffic and from its floating population of the lodging-houses, suffered worst, there being 20 cases notified in it, whilst Rastrick has only had three cases,

and Hove Edge none. All these cases were removed to the Hospital at Clifton, and the usual precautions of disinfection, quarantine, etc., thoroughly carried out. Re-vaccination or vaccination was in every case strongly advised by me, and it is with feelings of gratification that I can inform you that in only a very few isolated instances did I fail to effect it by moral suasion and argument. In all I vaccinated 54 persons in your district during the fore part of the year, and in many cases I have spent an hour or more in setting the pros and cons of the matter before the people and arguing with them on the vaccination question. The type of the epidemic was mild throughout, but was interrupted by the occurrence of two haemorrhagic cases, one of which died on the seventh day after admission, the other recovering after a very severe and prolonged illness, his stay in the Hospital being exactly 99 days (from April 23rd to July 31st). I intend shortly to publish a full description of the later case, as its occurrence is of extreme rarity. In reference to the two deaths from this disease I may quote the following particulars :—

1. Male ; 59 years of age ; previous health good ; vaccinated in infancy according to his own and his relatives' evidence — no scars visible (as was to have been expected almost at his age) ; nature of attack — haemorrhagic vesicular ; death on tenth day of disease ; family history good ; rather intemperate.
2. Female ; aged 40 ; previous health very poor ; had suffered from bronchial asthma for years, and heart was secondarily affected ; vaccinated in infancy only — one scar visible, measuring $\frac{1}{2}$ " square and foveated ; nature of attack — semi-confluent ; spots never became properly pustular ; death on fourteenth day of disease ; family history good ; temperate.

Of the total cases fourteen were males and nine females.

Scarlet Fever.

During the year the epidemic of Scarlet Fever which had been prevalent during the previous year had to be grappled with, and a total of 239 cases were notified in Brighouse during the year, which resulted in 24 deaths.

Diphtheria.

Two deaths have been registered as due to this cause, one in Brighouse and one in Rastrick. The number of cases notified to me was five, viz.: three in Brighouse, one in Rastrick, and one in Hove Edge. In Rastrick also in 1892 there were seven cases and two deaths, so that the decrease is very favourable, and more especially so in the face of the gradual increase of Diphtheria in urban districts generally during the last few years. One of the cases was ascribed by me to the fact that the child played about a good deal over a man-hole on the sewer in Elland Road at the top of Brooke Street, where I have often myself noticed offensive smells. Your Sanitary Committee would do well to replace the present cover by an air-tight one owing to its very close proximity to dwelling houses.

Enteric Fever.

There has been but one death due to this cause, that of a person aged 41, in Rastrick, though 12 cases have been notified. In the year 1892 there were 24 cases in Brighouse and Rastrick and six deaths : this again shows a favourable decrease. One case was distinctly imported from Wyke, where a woman had been attending a case of the same disease : another in New Street, Brighouse, I referred to the fact that here was a wet and offensive privy-midden built against the kitchen wall, and from this case sprung another in the same house ; another in Rastrick Common was associated with an offensive dry-walled drain close to the surface and loosely covered with flags, the children playing about on these flags most of their time, and the effluvium from the drain gaining access to the house through the kitchen windows or the sink-pipe, which ran direct into this 'elongated cesspool.' In all of the others I discovered minor sanitary defects, some of which, were in my estimation, scarcely sufficient to account for the disease. In each case a specially marked Fever-pail was sent from the Sanitary depot, and careful instructions given to the scavengers as to its ultimate disposal.

Diarrhoea.

This has been returned as the cause of 15 deaths, of which 11 were in infants (under one year of age) ; the other four were in elderly people. The deaths were all confined to the third quarter of the year, and July was the most fatal month. I made this disease the subject of a Special Report to the Brighouse and Rastrick Local Board, and handbills were circulated giving advice as to the necessary precautions connected with water supply, foods, drainage, etc. An epidemic of this nature is often followed by typhoid fever, but such was not our experience.

Phthisis.

This disease has been responsible for 39 deaths, or at the rate of 1.8 per thousand per annum ; this is also at the rate of 10.4 per cent of the total deaths from all causes. Rastrick is responsible for 23 deaths out of the 39, Brighouse for 13, and Hove Edge for three. Phthisis is now generally regarded as a communicable disease, and ere long may be included in the list of notifiable diseases. I doubt the propriety of this in so far as the psychical effect on the invalid himself is concerned, and I also doubt whether the public advantage would be worth the increased expenditure which will be necessary not only for the notification itself but for the additional legislation which will probably be needed before such advantage is gained. I think there are other communicable diseases, such, for example, as the group of venereal diseases, and notably Syphilis, which should be dealt with first ; the experiences of such places as South African States amply proves its urgency."

MALIGNANT DISEASE

Fifty-nine deaths – 23 males and 36 females – were registered as being caused by some form of malignant disease.

With the gradual ageing of the population and more accurate diagnosis, the figures of deaths from Malignant Disease have increased since 1893, for which year the figures are not available.

TABLE 15

MONTHLY NOTIFICATIONS OF INFECTIOUS DISEASES DURING 1953

Month	Tuberculosis		Scarlet Fever	Pneumonia	Erysipelas	Diphtheria	Chicken Pox	Measles	Whooping Cough	Anterior Poliomyelitis	Dysentery	Meningococcal Infection	Puerperal Pyrexia	Totals
	Lungs	Other												
January ...	5	—	9	1	—	—	38	54	15	—	1	1	—	124
February ...	4	1	4	1	—	—	65	19	4	—	—	—	—	98
March ...	6	—	8	—	1	—	32	20	14	—	—	—	—	81
April ...	6	—	3	5	—	—	18	43	10	—	—	—	—	85
May ...	4	1	12	4	—	—	7	12	4	—	—	—	1	45
June ...	2	—	3	1	1	—	6	3	9	—	—	1	1	27
July ...	6	—	—	—	—	—	2	11	9	—	1	—	—	29
August ...	6	—	3	—	—	—	—	13	6	1	—	—	—	29
September ...	3	1	4	—	—	—	2	1	5	—	—	—	3	19
October ...	2	—	14	2	—	—	3	1	10	—	—	—	—	32
November ...	4	—	32	2	2	—	—	—	3	—	4	—	—	47
December ...	9	—	25	—	—	—	2	—	5	—	—	—	—	41
Totals ...	57	3	117	16	4	—	175	177	94	1	6	2	5	657

TABLE 16

**NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS)
AND HOSPITAL ADMISSIONS DURING THE YEAR 1953**

Disease	Cases Notified	Admitted to Hospital	Total Deaths
Measles	177	—	—
Smallpox	—	—	—
Scarlet Fever	117	23	—
Diphtheria	—	—	—
Pneumonia	16	1	15
Erysipelas	4	—	—
Chickenpox	175	1	—
Acute Poliomyelitis	1	1	—
Dysentery	6	—	—
Whooping Cough	94	3	—
Meningococcal Infection	2	2	—
Puerperal Pyrexia	5	1	—
Totals ...	597	32	15

TABLE 17

TUBERCULOSIS — New Cases and Mortality during 1953

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	1	—	—	—	—	—	—
1	3	4	1	—	—	—	—	—
5	1	2	1	—	—	—	—	—
10	1	—	—	—	—	—	—	—
15	—	—	—	—	—	—	—	—
20	1	4	—	—	—	—	—	—
25	5	3	1	—	—	—	—	—
35	4	5	—	—	—	—	—	—
45	8	1	—	—	2	—	—	—
55	7	2	—	—	3	—	—	—
65 and upwards ...	5	—	—	—	3	—	—	—
Totals ...	35	22	3	—	8	—	—	—

TABLE 18.
ANNUAL INCIDENCE OF VARIOUS INFECTIOUS
DISEASES IN BRIGHOUSE SINCE 1893.

Year	Small-Pox	Scarlet Fever	Diphtheria	Ent'c Fever	Erysipelas	Tuberculosis			Pneumonia
						Lungs	Other	Total	
1893	19	152	3	9	21				
1894	—	31	8	31	10				
1895	—	40	7	25	16				
1896	—	46	5	30	24				
1897	—	66	6	21	36				
1898	—	86	5	22	33				
1899	—	195	11	17	20				
1900	—	95	17	16	16				
1901	—	34	44	6	14				
1902	12	51	20	8	12				
1903	13	48	3	3	3				
1904	69	39	6	4	5				
1905	—	57	10	16	13				
1906	—	68	12	9	15				
1907	—	23	37	8	7				
1908	—	25	24	6	8				30
1909	—	124	19	7	7				11
1910	—	45	12	3	6				
1911	—	22	9	5	7				
1912	—	56	6	1	7				
1913	—	122	6	1	7	62	11	73	
1914	—	203	24	3	14	42	12	54	
1915	—	60	99	2	16	35	17	52	
1916	—	20	36	3	5	24	8	32	
1917	—	13	15	1	3	57	16	73	
1918	—	22	14	—	4	71	8	79	
1919	—	39	11	3	7	40	11	51	
1920	—	27	13	—	13	27	8	35	14
1921	—	151	13	—	3	21	6	27	7
1922	—	72	8	1	18	17	8	25	14
1923	—	71	6	1	5	15	9	24	9
1924	—	65	6	3	3	26	11	37	20
1925	2	62	2	1	11	22	17	39	13
1926	—	18	4	1	7	30	14	44	11
1927	30	15	3	2	2	24	8	32	22
1928	5	37	3	1	6	22	8	30	8
1929	—	207	7	6	3	16	9	25	17
1930	5	179	24	1	4	18	15	33	10
1931	9	40	19	1	6	21	12	33	14
1932	—	41	18	3	9	24	7	31	16
1933	—	38	11	2	11	27	16	43	16
1934	—	27	15	1	8	5	4	9	5
1935	—	86	13	—	11	13	5	18	12
1936	—	80	11	—	4	15	7	22	7
1937	—	91	26	1	11	20	8	28	30
1938	—	70	32	—	19	22	11	33	31
1939	—	36	22	—	19	18	6	24	32
1940	—	28	11	3	17	19	7	26	36
1941	—	49	27	1	8	18	5	23	23
1942	—	102	12	—	5	14	4	18	18
1943	—	80	16	—	8	22	5	27	25
1944	—	94	18	—	5	12	10	22	19
1945	—	47	7	—	4	17	9	26	9
1946	—	30	4	2	6	11	2	13	16
1947	—	51	6	—	6	23	4	27	7
1948	—	42	2	—	6	25	8	35	16
1949	—	37	1	—	4	33	2	33	41
1950	—	46	1	—	2	17	6	23	10
1951	—	68	—	—	5	26	4	30	31
1952	—	40	—	—	1	44	6	50	30
1953	—	117	—	—	4	57	3	60	16
Totals	164	4026	830	291	590	1072	347	1419	605
Av'rg's	2.7	66.0	13.6	4.8	9.8	26.1	8.5	34.6	17.8

TABLE 19

BIRTH RATE, STILL BIRTH RATE, INFANTILE MORTALITY RATE AND DEATHS FROM DIARRHOEA FOR 10 YEAR PERIODS FROM 1896.

Decade	Live Births Rate per 1,000 of the Population		Still Births Rate per 1,000 Total Births	Infantile Mortality Rate		Total Deaths of Infants from Still Birth and Failure to survive 1st year of life. Rate per 1,000 total births	Death Rate from Diarrhoea under 2 years of age, per 1,000 live births	
	Brighouse	England & Wales		Brighouse	England & Wales		Brighouse	England & Wales
1896-1905	23.70	28.8	not known	139	147	not known	8.4	31.4
1906-1915	18.44	24.8	49.6	94	123	133.8	6.4	22.3
1916-1925	15.6	20.1	47.77	81	83	117.9	6.4	9.8
1926-1935	12.3	15.8	54.7	63	65	114	3.5	6.3
1936-1945	14.35	15.4	30.48	53.97	53	82.68	3.37	5.2
1946	16.87	19.1	25.19	33.79	43	57.95	1.99	4.4
1947	18.12	20.5	38.46	40.00	41	76.92	5.45	5.8
1948	16.55	17.9	26.72	39.22	34	64.88	0.00	3.3
1949	16.42	16.7	17.51	23.76	32	40.86	0.00	3.0
1950	14.81	15.8	13.02	24.2	30	36.88	0.00	1.9
1951	14.75	15.5	28.0	24.4	29.6	51.84	0.00	1.4
1952	13.3	15.3	21.8	22.3	27.6	43.58	0.00	1.1
1953	13.4	15.5	14.5	24.5	26.8	38.65	0.00	1.1

TABLE 20
DEATHS FROM SPECIFIED CAUSES SINCE 1896
BOROUGH OF BRIGHOUSE

Decade	Maternal Mortality Death Rate per 1,000 Total Births	Deaths from Various Causes—Rates per 1,000 Population												All Causes	
		Typhoid and Para typhoid Fever	Small- Pox	Meas- les	Scar- let Fever	Whoop- ing Cough	Diph- theria	Influ- enza	Can- cer	Tuberculosis				B'house	Engl'd & Wales
										Lungs	Other	Total			
1896-1905	4.06	0.08	0.02	0.32	0.17	0.23	0.16	0.15	0.66	1.58	0.39	1.97		15.25	16.8
1906-1915	6.38	0.05	0.00	0.30	0.06	0.17	0.25	0.12	0.93	1.29	0.41	1.70		13.68	14.3
1916-1925	5.60	0.02	0.00	0.11	0.05	0.14	0.09	0.85	1.23	1.12	0.36	1.48		14.71	13.3
1926-1935	5.25	0.02	0.00	0.01	0.02	0.03	0.06	0.53	1.75	0.76	0.18	0.94		13.84	12.05
1936-1945	4.16	0.01	0.00	0.01	0.01	0.04	0.04	0.24	1.95	0.43	0.11	0.54		14.95	12.04
1946	0.00	0.03	0.00	0.00	0.00	0.03	0.00	0.10	2.42	0.40	0.03	0.43		14.42	11.5
1947	1.75	0.00	0.00	0.03	0.00	0.00	0.00	0.03	1.81	0.43	0.03	0.46		13.90	12.0
1948	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.04	0.42	0.06	0.48		14.18	10.8
1949	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.42	2.11	0.49	0.06	0.55		14.08	11.7
1950	0.00	0.00	0.00	0.00	0.00	0.03	0.00	0.06	2.24	0.03	0.06	0.09		14.00	11.6
1951	2.16	0.00	0.00	0.00	0.00	0.00	0.00	0.42	1.83	0.23	0.03	0.26		14.85	12.5
1952	0.00	0.00	0.00	0.00	0.00	0.03	0.00	0.00	2.43	0.13	0.00	0.13		12.8	11.3
1953	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.10	2.01	0.26	0.00	0.26		13.0	11.4

TABLE 21.
BOROUGH OF BRIGHOUSE.
TOTAL DEATHS FROM CERTAIN SPECIFIED CAUSES, AVERAGE DEATHS PER ANNUM,
AND NOTIFICATIONS AND CASE MORTALITY OF CERTAIN INFECTIOUS DISEASES SINCE
1894.

	Maternal Mortality			Typhoid and Para Small- pox Fever	Meas- les	Scar- let Fever	Whoop- ing Cough	Diph- theria	Influ- enza	Can- cer	Tuberculosis		
	Puer- peral Sepsis	Other Puer- peral Causes	Total								Lungs	Other	Total
Total Deaths since Incorporation of Borough, 1894	20	66	86	45	4	68	152	135	446	2034	1284	309	1593
Average Deaths Per Annum	0.33	1.1	1.43	0.75	0.07	1.17	2.53	2.25	7.43	33.9	21.4	5.15	26.55
Total Infectious Diseases Notified ...	—	—	—	301	164	1026	Notifi- able only since 1939 894	830	Not Notifi- able	Not an Infect- ious Dis- ease	1073 only since 1913	346 Notifi- able since 1913	1419
Case Mortality Rate per 100 Cases ...	—	—	—	14.95	2.44	1.69	10 d'ths since 1939 1.12	16.26	—	—	651 d'ths since 1913	173 d'ths since 1913	824 d'ths since 1913
											66.67	50.00	58.06

TABLE 22

ANNUAL BIRTHS, STILL BIRTHS AND INFANTILE MORTALITY IN BRIGHOUSE SINCE THE
INCORPORATION OF THE BOROUGH, 1894

Year	Population	Total Births	Stillbirths		Live Births		Birth Rate for England and Wales	Deaths of Infants under 1 year	Infantile Mortality Rate per 1,000 live births		Total Deaths of Infants from Stillbirth or failure to survive 1st year of life		Deaths from Diarrhoea under 2 years of age		
			No.	Rate per 1000 total Births	No.	Rate per 1000 of population			Brighouse	England and Wales	Stillbirths and Deaths under 1 year of age	Rate per 1000 total births	Brighouse		England and Wales
													No.	Rate per 1000 live births	
1894	21,043				571	27.13	29.6	65	113.83	137			1	1.7	14.35
1895	21,153				573	27.08	30.3	76	132	161			15	26.2	33.85
1896	21,238				547	26.83	29.7	77	141	148			5	9.1	23.71
1897	21,347				573	26.84	29.7	74	129	156			4	6.9	36.33
1898	21,466				549	25.37	29.4	108	198	160			13	23.7	41.93
1899	21,570				503	23.31	29.3	61	128	163			2	3.97	44.90
1900	21,690				513	23.63	28.9	75	151	154			1	1.97	32.16
1901	21,780				516	23.69	28.5	91	176	151			11	21.3	36.66
1902	21,960				492	22.40	28.6	63	125	133			—	—	17.07
1903	21,983				501	22.78	28.4	60	120	132			4	7.99	21.92
1904	22,076				477	21.67	27.9	53	106	145			2	4.19	34.78
1905	22,177				454	20.54	27.2	54	111	128			2	4.41	25.02
1906	22,196				460	20.72	27.0	65	141	132			5	10.90	36.73
1907	22,280	442	20	45.25	422	18.94	26.3	42	99	116	62	140.3	—	—	14.76
1908	22,365	475	23	48.32	452	20.21	26.5	47	104	120	70	147.6	3	6.64	24.04
1909	22,455	428	17	39.72	411	18.30	25.6	40	97	109	57	133.2	1	2.43	14.97
1910	22,520	427	24	56.26	403	17.89	24.8	36	89	105	60	140.5	2	4.96	15.69
1911	20,843	391	24	61.64	367	17.57	24.4	29	79	130	53	135.5	9	24.50	44.04
1912	20,900	377	18	47.74	359	17.77	23.8	29	81	195	47	124.4	—	—	9.18
1913	20,960	397	24	60.41	373	17.79	23.9	25	67	108	49	123.4	2	5.34	24.20
1914	21,020	398	17	42.71	381	18.12	23.8	29	76	105	46	115.1	1	2.62	21.05
1915	21,100	361	16	44.32	345	17.10	21.8	36	104	110	52	144.0	2	5.79	18.86
1916	19,748	366	21	57.38	345	16.06	21.6	21	61	91	42	114.8	—	—	12.47
1917	19,332	310	15	48.40	295	13.68	17.8	26	88.4	96	41	132.3	6	2.03	12.18
1918	19,364				304	14.01	17.7	36	118	97			—	—	10.99
1919	21,000	304	11	36.18	293	14.01	18.5	26	88.6	89	37	121.3	1	3.4	9.59
1920	20,871	445	22	49.44	423	20.27	25.4	31	73.16	80	53	119.1	—	—	8.3
1921	20,610	416	22	52.90	394	19.12	22.4	38	111.0	83	60	144.2	4	10.2	15.5
1922	20,670				331	16.01	20.6	31	96.6	77			8	24.1	6.2
1923	20,390	299	14	46.82	285	13.48	19.7	16	56.14	69	30	100.4	3	10.52	7.7
1924	20,100	314	19	60.51	295	14.66	18.8	13	44	75	32	101.9	3	10.8	7.3
1925	19,920	303	9	29.70	294	14.70	18.3	24	81.6	75	33	108.9	1	3.4	8.4
1926	19,440	311	17	54.66	294	15.1	17.8	14	47	70	31	99.7	1	5.4	8.7
1927	19,380	267	11	41.20	256	13.2	16.7	23	90	69	34	127.3	—	—	6.3
1928	19,460	264	12	45.45	252	12.9	16.7	11	44	65	23	87.1	1	4.0	7.0
1929	19,640	267	18	67.41	249	12.1	16.3	20	80	74	38	142.3	2	8.0	8.1
1930	19,640	242	15	61.16	227	11.6	16.3	16	75	60	31	128.1	—	—	6.0
1931	19,940	219	14	63.9	205	10.3	15.8	15	73.2	66	29	132.4	—	—	6.0
1932	19,740	263	8	30.4	255	12.9	15.3	20	78.4	65	28	106.4	1	3.91	6.6
1933	19,670	213	8	37.6	205	10.4	14.4	10	48.4	64	18	84.5	—	—	7.1
1934	19,550	266	16	64.00	250	12.78	14.8	15	64.00	59	31	116.6	2	8.0	5.5
1935	19,510	258	21	81.40	237	12.15	14.7	9	37.97	57	30	116.3	1	4.22	5.7
1936	19,430	231	7	30.30	224	11.53	14.8	19	84.82	59	26	112.1	4	17.86	5.9
1937	30,120	425	18	42.35	407	13.51	14.9	17	41.77	58	35	82.4	—	—	5.8
1938	30,140	453	19	41.94	434	14.4	15.1	20	46.08	53	39	86.1	—	—	5.5
1939	29,900	441	19	43.08	422	14.1	15.0	17	40.28	50	36	81.6	—	—	4.6
1940	29,540	365	11	30.10	354	11.98	14.6	27	76.27	55	38	104.1	1	2.80	4.6
1941	29,680	407	16	39.31	391	13.17	14.2	29	74.16	59	45	110.5	—	—	5.1
1942	29,170	458	10	21.83	448	15.35	15.8	20	44.64	49	30	65.5	2	4.46	5.2
1943	28,500	474	6	12.66	468	16.42	16.5	20	42.73	49	26	54.8	1	2.13	5.3
1944	27,840	519	15	28.9	504	18.10	17.6	29	57.54	46	44	84.78	2	3.97	4.8
1945	27,540	420	6	14.29	414	15.03	16.1	13	31.4	46	19	45.24	1	2.42	5.6
1946	29,810	516	13	25.19	503	16.87	19.1	17	33.79	43	30	57.95	1	0.03	4.4
1947	30,350	572	22	38.46	550	18.12	20.5	22	40.00	41	44	76.92	3	5.45	5.8
1948	30,810	524	14	26.72	510	16.55	17.9	20	39.22	34	34	64.88	—	0.00	3.3
1949	30,760	514	9	17.51	505	16.42	16.7	12	23.76	32	21	40.86	—	0.00	3.0
1950	30,710	461	6	13.02	455	14.81	15.8	11	24.22	30	17	36.88	—	0.00	1.9
1951	30,500	463	13	28.0	450	14.75	15.5	11	24.44	30	24	51.84	—	0.00	1.4
1952	30,420	413	9	21.8	404	13.3	15.3	9	22.3	28	18	43.58	—	0.00	1.1
1953	30,370	414	6	14.5	408	13.4	15.5	10	24.5	27	16	38.65	—	0.00	1.1

TABLE 23.
ANNUAL DEATHS FROM SPECIFIED CAUSES IN BRIGHOUSE SINCE THE INCORPORATION OF THE BOROUGH,
1894.

Year	Population	Maternal Deaths			Number of Deaths from Various Causes and Rates per 1,000 of Population																				All Causes			
		Puer-peral Sep-sis	Other Puer-peral	Total Death Rate per 1000 Total Births	Typhoid and Paratyphoid Fever		Smallpox		Measles		Scarlet Fever		Whooping Cough		Diphtheria		Influenza		Cancer		Tuberculosis						All Causes	
					No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	Lungs		Other		Total			
																					No.	Rate	No.	Rate	No.	Rate	No.	Rate
1894	21,043				5	0.24	—	0.00	4	0.19	1	0.05	13	0.61	4	0.19	7	0.33	13	0.61	36	1.71	7	0.33	43	2.04	312	14.6
1895	21,153				3	0.14	—	0.00	13	0.62	1	0.05	3	0.14	3	0.14	—	0.00	11	0.51	40	1.8	13	0.61	53	2.41	349	16.50
1896	21,238				2	0.09	—	0.00	16	0.75	3	0.14	6	0.28	—	0.00	—	0.00	14	0.65	40	1.74	3	0.14	43	1.88	360	17.00
1897	21,347				3	0.14	—	0.00	4	0.19	5	0.24	10	0.46	1	0.05	11	0.51	10	0.46	32	1.35					322	15.00
1898	21,466				4	0.24	—	0.00	12	0.56	3	0.14	1	0.05	2	0.09	1	0.05	17	0.79	41	1.72					418	17.60
1899	21,570				2	0.09	—	0.00	—	0.00	9	0.41	3	0.14	1	0.05	6	0.28	15	0.70	33	1.41					371	17.10
1900	21,690	—	2	3.89	2	0.09	—	0.00	10	0.46	7	0.32	13	0.60	6	0.28	—	0.00	15	0.70	39	1.82	12	0.56	51	2.38	399	18.39
1901	21,780	—	3	5.81	3	0.14	—	0.00	2	0.09	1	0.05	—	0.00	12	0.55	—	0.00	14	0.65	43	1.88					345	15.84
1902	21,960	—	2	4.06	1	0.05	2	0.09	14	0.65	2	0.09	5	0.23	7	0.31	2	0.09	9	0.41	33	1.50	9	0.41	41	1.91	305	13.88
1903	21,983	—	4	3.99	—	0.00	1	0.05	6	0.28	2	0.09	6	0.28	—	0.00	4	0.18	10	0.45	27	1.23	5	0.23	32	1.46	258	11.73
1904	22,076	—	—	0.00	—	0.00	1	0.05	—	0.00	3	0.13	5	0.23	1	0.05	4	0.18	21	0.95	43	1.94	13	0.59	56	2.43	305	13.81
1905	22,100	—	3	6.60	—	0.00	—	0.00	5	0.23	1	0.04	—	0.00	4	0.18	4	0.18	20	0.90	30	1.35	9	0.41	39	1.76	268	12.11
1906	22,196	—	5	10.86	2	0.09	—	0.00	7	0.31	7	0.31	4	0.18	1	0.05	1	0.04	21	0.94	27	1.21	13	0.58	40	1.79	312	14.50
1907	22,280	—	1	2.37	1	0.05	—	0.00	—	0.00	—	0.00	9	0.39	9	0.39	5	0.22	15	0.67	25	1.12	6	0.26	31	1.38	298	13.37
1908	22,365	—	1	2.21	—	0.00	—	0.00	14	0.63	—	0.00	—	0.00	10	0.45	6	0.26	20	0.89	31	1.38	11	0.49	42	1.87	320	14.30
1909	22,455	—	2	7.29	3	0.14	—	0.00	1	0.04	2	0.09	8	0.35	5	0.22	7	0.31	16	0.71	26	1.15	5	0.22	31	1.37	283	12.60
1910	22,520	—	3	7.46	1	0.05	—	0.00	11	0.48	1	0.04	5	0.22	4	0.18	2	0.09	27	1.20	24	1.06	10	0.44	34	1.50	264	11.72
1911	20,843	1	1	5.44	1	0.05	—	0.00	—	0.00	—	0.00	2	0.10	3	0.14	3	0.14	14	0.67	24	1.14	10	0.48	34	1.62	258	12.53
1912	20,900	1	1	5.57	2	0.10	—	0.00	2	0.10	3	0.15	3	0.15	1	0.05	—	0.00	25	1.19	27	1.24	9	0.43	36	1.67	294	14.06
1913	20,960	1	2	8.04	1	0.05	—	0.00	—	0.00	—	0.00	—	0.00	1	0.05	1	0.05	18	0.85	39	1.91	6	0.28	45	2.19	284	13.55
1914	21,020	1	2	7.87	—	0.00	—	0.00	1	0.04	—	0.00	6	0.28	5	0.23	—	0.00	27	1.28	34	1.62	9	0.42	43	2.04	290	13.80
1915	21,100	1	2	8.69	—	0.00	—	0.00	31	1.43	1	0.04	—	0.00	15	0.71	4	0.17	18	0.89	22	1.04	11	0.52	33	1.56	331	16.40
1916	19,748	1	1	5.79	—	0.00	—	0.00	2	0.10	—	0.00	2	0.10	8	0.38	4	0.17	30	1.51	27	1.42	12	0.60	39	2.02	316	16.05
1917	19,332	1	2	10.16	1	0.05	—	0.00	2	0.10	1	0.05	—	0.00	1	0.05	8	0.38	19	1.03	19	0.93	12	0.60	31	1.53	299	15.51
1918	19,364	1	1	6.57	—	0.00	—	0.00	3	0.15	—	0.00	15	0.77	2	0.10	59	3.04	22	1.13	32	1.65	7	0.35	39	2.00	373	19.26
1919	21,000	—	2	6.82	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	28	1.39	20	0.99	26	1.31	6	0.29	32	1.59	295	14.60
1920	20,871	—	—	0.00	—	0.00	—	0.00	7	0.33	1	0.05	—	0.00	3	0.14	4	0.19	28	1.34	23	1.10	5	0.24	28	1.34	271	12.98
1921	20,610	—	—	—	1	0.05	—	0.00	—	0.00	1	0.05	3	0.14	2	0.10	7	0.34	19	0.91	19	0.91	7	0.34	26	1.25	263	12.76
1922	20,670	—	2	6.04	—	0.00	—	0.00	—	0.00	1	0.05	1	0.05	1	0.05	19	0.92	25	1.21	18	0.87	6	0.29	24	1.16	265	12.82
1923	20,390	1	1	7.01	—	0.00	—	0.00	1	0.05	—	0.00	3	0.15	—	0.00	9	0.44	21	1.03	21	1.03	6	0.29	27	1.32	272	13.33
1924	20,100	—	1	3.38	—	0.00	—	0.00	—	0.00	4	0.19	3	0.15	2	0.09	23	1.14	28	1.38	23	1.14	7	0.34	30	1.48	283	14.08
1925	19,920	1	2	10.20	1	0.05	—	0.00	7	0.35	1	0.05	1	0.05	—	0.00	10	0.50	35	1.81	17	0.85	6	0.30	23	1.15	314	15.70
1926	19,440	—	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	2	0.10	10	0.51	36	1.85	20	1.02	5	0.25	25	1.27	257	13.2
1927	19,380	—	1	3.90	—	0.00	—	0.00	2	0.10	—	0.00	—	0.00	1	0.05	25	1.29	34	1.75	20	1.02	6	0.31	26	1.33	297	15.3
1928	19,460	—	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	1	0.05	6	0.31	20	1.03	17	0.87	4	0.20	21	1.07	243	12.5
1929	19,640	—	1	4.01	1	0.05	—	0.00	—	0.00	—	0.00	1	0.05	—	0.00	24	1.22	36	1.83	18	0.91	6	0.30	24	1.21	308	15.7
1930	19,640	—	2	8.80	2	0.10	—	0.00	—	0.00	2	0.10	2	0.10	1	0.05	3	0.15	39	1.98	13	0.66	1	0.05	14	0.71	266	13.5
1931	19,940	—	1	4.60	—	0.00	—	0.00	—	0.00	—	0.00	1	0.05	2	0.10	5	0.25	35	1.75	15	0.75	6	0.30	21	1.05	273	13.7
1932	19,740	1	1	7.60	—	0.00	—	0.00	—	0.00	—	0.00	1	0.05	1	0.05	13	0.65	31	1.57	12	0.61	2	0.10	14	0.71	266	13.4
1933	19,670	—	1	4.70	1	0.05	—	0.00	—	0.00	1	0.05	1	0.05	1	0.05	10	0.58	35	1.74	12	0.61	1	0.05	13	0.66	283	14.4
1934	19,550	1	3	15.04	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	2	0.10	3	0.15	40	2.05	11	0.56	2	0.10	13	0.66	274	14.0
1935	19,510	—	1	3.88	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	—	3	0.15	38	1.90	11	0.56	2	0.10	13	0.66	247	12.7
1936	19,430	3	—	12.99	—	0.00	—	0.00	—	0.00	2	0.10	2	0.10	3	0.15	4	0.20	38	1.96	8	0.41	4	0.20	12	0.61	294	15.13
1937	30,120	1	—	2.35	—	0.00	—	0.00	—	0.00	1	0.03	1	0.03	2	0.07	24	0.79	55	1.83	17	0.56	4	0.13	21	0.69	447	14.84
1938	30,140	—	1	2.21	1	0.03	—	0.00	—	0.00	1	0.03	—	0.00	—	0.00	3	0.09	52	1.73	10	0.33	4	0.13	14	0.46	404	13.4
1939	29,900	2	—	4.53	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	1	0.03	4	0.13	61	2.04	14	0.47	3	0.10	17	0.57	476	15.92
1940	29,540	—	—	0.00	—	0.00	—	0.00	2	0.07	—	0.00																

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR AND CLEANSING SUPERINTENDENT FOR THE YEAR 1953

TO HIS WORSHIP THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE BOROUGH OF BRIGHOUSE

Mr. Mayor, Lady and Gentlemen,

I have pleasure in submitting to you the Annual Report of the environmental health and public cleansing services for the year 1953, the former services covering the period ending 31st December, 1953, whilst the latter is for the financial year ending 31st March, 1954.

Particular attention has again been directed to the inspection of meat and other foods, together with regular inspections and examinations of all food premises and equipment therein. In this connection the use of the Public Health Service Laboratory facilities have been most helpful.

With the prospect of the Housing, Rent and Repairs Bill becoming Law, considerable developments are likely to occur in the closure and demolition of sub-standard houses and much time has been spent in the preparation of information required in that direction. Four areas embracing 21 houses were officially represented in the latter part of the year, and have since been confirmed by the Ministry of Housing and Local Government.

The Public Cleansing Services have been well maintained throughout the year, and the revenue obtained from salvage sales exceeded that for the previous year. The use of the modern paper segregation and baling equipment has resulted in greater efficiency at a reduced cost, and under conditions which comply in all respects with the Factories Act.

I am grateful to the Chairman, Vice-Chairman and members of the Health and Cleansing Committee for their continued confidence and support in the performance of duties although not spectacular but of supreme importance to the health and well being of the community.

Finally, I record my appreciation of the technical work performed by the Sanitary Inspectors, and my thanks to the Clerical Staff, Foreman Engineer and the employees of the Cleansing Department.

I am, Mr. Mayor, Lady and Gentlemen,

Your obedient servant,

C. R. MOSS,

Chief Sanitary Inspector and
Cleansing Superintendent.

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR
AND CLEANING SUPERINTENDENT FOR THE YEAR

1921

TO HIS WORSHIP THE MAYOR, ALBANY AND CANTON
OF THE CITY OF ALBANY

My Mayor, Lady and Gentlemen:

I have pleasure in submitting to you the Annual Report of the
Sanitary Department and Public Cleaning for the year 1921.
The report covers the period ending 31st December 1921
which is a year of unusual activity for the Department.

The Sanitary Department has again been directed to the inspection
of all the public houses, shops, and other premises, and
the results of the inspection are given in the report. It is
satisfactory to find that the public health is generally good,
and that the premises are well kept.

With the exception of the few cases of disease, the
sanitary conditions are generally good, and the public
houses and shops are well kept. The results of the
inspection are given in the report.

The Public Health Department has been very busy in
the year, and has been directed to the inspection
of all the public houses, shops, and other premises.

The results of the inspection are given in the report.
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WATER

Public Water Supply.

The Borough of Brighouse is supplied with water from the Halifax Corporation Reservoirs, and during the year under review regular routine samples for Bacteriological Examination were taken from the various Wards in the Borough with the following results:—

Ward	Number of Samples Submitted	Number Satisfactory	Number Unsatisfactory
Central	5	5	—
Clifton	5	5	—
Hipperholme	5	5	—
Hove Edge	5	5	—
Longroyde	6	5	1
Lightcliffe	5	5	—
Southowram	5	5	—
Woodhouse	5	4	1
Totals ...	41	39	2

Five samples were submitted for examination from Lands Reservoir with satisfactory results. One sample was submitted for Chemical Examination from St. Andrew's Junior School with the result that it was a soft water of good organic purity.

Private Water Supplies.

During the year samples were also submitted from private wells and springs in the Borough with the following results:—

Situation	Number Submitted	Number Satisfactory	Number Unsatisfactory
Ashday Lane	1	—	1
69a Brookfoot Lane	1	—	1
Brighouse Mills	1	—	1
Cromwell Bottom	1	—	1
Rawsons Arms	1	—	1
Yorkshire Diecasting Co.	1	1	—
Pit Lane, Hartshead	1	—	1
Lower Wynteredge Cottage	1	—	1
Walterclough Hall Farm	1	—	1
Barker Royd Farm	1	—	1
19 Toothill Bank	1	—	1
Totals ...	11	1	10

Examination for Plumbo-Solvency.

Two samples of water were submitted during the year for the special examination for plumbo-solvency, details of the examinations were as follows :—

Supply	Date Sample Collected	Address at which Collected	Approx. length of Lead Service Pipe	Result of Examination	
				Lead contents (Grains per Gal.)	pH value
After standing in pipe for measured period of $\frac{1}{2}$ hr.	26.3.53	6 Scholey Rd., Rastrick	40 ft.	3/100th	8.0
After standing in pipe all night	26.3.53	do.	40 ft.	3/100th	7.8
After standing in pipe for measured period of $\frac{1}{2}$ hr.	20.10.53	Mill House, Brighouse	20 ft.	Nil	7.2
After standing in pipe all night	20.10.53	do.	20 ft.	1/25th	7.2

Water Supply — Public Swimming Baths.

Routine samples of the water in the Bathing Pool of the Public Swimming Baths, Mill Royd Street, were submitted during the year for Bacteriological Examination. The details of these are as follows :—

Month				Number Obtained	Number Satisfactory	Number Unsatisfactory
January	...	...	...	2	2	—
February	...	...	...	2	2	—
March	...	...	...	2	2	—
April	...	...	...	2	2	—
May	...	...	...	2	2	—
June	...	...	...	2	1	1
July	...	...	...	2	2	—
August	...	...	...	—	—	—
September	...	...	...	2	2	—
October	...	...	...	2	2	—
November	...	...	...	2	2	—
December	...	...	...	2	2	—
Totals				22	21	1

SANITARY ACCOMMODATION

Seventy additional water closets were provided during 1953 to existing properties, 146 water closets were provided for new houses.

The following table indicates the number of the various types of Sanitary Conveniences in the Borough at the end of the year :—

Fresh Water Closets	.....	.....	.....	.....	11,508
Waste Water Closets	.....	.....	.....	.....	74
Pail Closets	.....	.....	.....	.....	185
Privies	.....	.....	.....	.....	85

Eleven waste water closets, one privy and one pail closet were converted to fresh water closets during the year. Five pails and one midden were demolished during the year.

DRAINAGE

Sixty-three inspections were paid during the year in connection with the repairs and reconstruction of drains to existing houses.

In 46 instances use was made of the smoke test, the use of colour was resorted to in 222 instances, the water test was used on 12 occasions and the alfactory test on 10 occasions.

PREMISES AND OCCUPATIONS CONTROLLED BY BYELAWS AND REGULATIONS

Offensive Trades.

The following Offensive Trades are carried out in the Borough with the permission of the Council :—

Tripe Boiler	.....	.....	.....	.....	.....	1
Soap Boilers	.....	.....	.....	.....	.....	2
Rag and Bone Dealer	.....	.....	.....	.....	.....	1

Eleven inspections were paid to these premises during the year, and the Byelaws were found to be well observed.

MOVEABLE DWELLINGS

Tents, Vans, Sheds, etc.

Three sites in the Borough are licensed under the provisions of Section 269 of the Public Health Act, 1936, as the Sites for moveable dwellings, as follows :—

Land, Atlas Mill Road	.....	.....	.....	3 caravans
Broadholme, Mill Yard, Atlas Mill Road	.....	.....	.....	1 caravan
Whittaker Pitt, Clifton	.....	.....	.....	1 caravan

FACTORIES ACT, 1937

Bakehouses.

One hundred and sixty-five inspections were paid during the year to 17 bakehouses in the Borough.

Factories (Mechanical and Non-Mechanical).

Two complaints were received from H.M. Inspector of Factories. The following improvements were carried out at Factory Premises during the year :—

SANITARY ACCOMMODATION

	No. of defects	
	Found	Remedied
Unsuitable or defective conveniences	2	1

Two hundred and forty inspections were paid to these premises during the year and the following additional defects were revealed and action taken :—

Unsuitable or defective conveniences	38
--	----

The following is a list of classified trades carried on in the Borough :—

Aerated Waters	1
Aircraft Parts	1
Artificial Stone	5
Asphalt	1
Bakehouses	17
Bedding Manufacture	2
Blacksmiths	3
Boot and Shoe Repairs	6
Brick Manufacture	5
Cabinet Making	2
Caravans	1
Card Clothing	4
Carpet Manufacture	4
Cattle Foods	2
Chemicals	1
Clock Making	1
Clothing	5
Coal Gas	1
Condiment Manufacture	3
Dyers	5
Electrical Trades	4
Electro Plating	1
Enamelling	1
Engineering	15
Engraving	1
Fireplace Manufacture	1
Fish Meal	1
Flock Cleansing and Teasing	1
Flour Milling	1

Food Preparation	.....	.....	.....	.....	.....	5
Generation and Transforming of Electricity	.....	.....	.....	.....	.....	2
Glazed Pipes	.....	.....	.....	.....	.....	1
Gramophone Parts	.....	.....	.....	.....	.....	1
Handbags	.....	.....	.....	.....	.....	1
Ice Cream	.....	.....	.....	.....	.....	2
Joinery	.....	.....	.....	.....	.....	23
Laundering	.....	.....	.....	.....	.....	4
Machine Tools	.....	.....	.....	.....	.....	8
Maltsters	.....	.....	.....	.....	.....	3
Metal Spinning and Stamping	.....	.....	.....	.....	.....	1
Metal Founding	.....	.....	.....	.....	.....	11
Mortar Grinding	.....	.....	.....	.....	.....	4
Motor Vehicle Repairs	.....	.....	.....	.....	.....	19
Oil Refining	.....	.....	.....	.....	.....	1
Packing Manufacture	.....	.....	.....	.....	.....	2
Packing Cases	.....	.....	.....	.....	.....	1
Paint Manufacture	.....	.....	.....	.....	.....	2
Patent Glazing	.....	.....	.....	.....	.....	1
Pattern making	.....	.....	.....	.....	.....	3
Photography	.....	.....	.....	.....	.....	2
Plumbing	.....	.....	.....	.....	.....	4
Portable Buildings	.....	.....	.....	.....	.....	2
Printing	.....	.....	.....	.....	.....	2
Radio and Television	.....	.....	.....	.....	.....	3
Rubber Pads — Horses	.....	.....	.....	.....	.....	1
Rubber — Fabric Lined	.....	.....	.....	.....	.....	1
Rug Manufacture	.....	.....	.....	.....	.....	1
Sheet Metal Workers	.....	.....	.....	.....	.....	3
Soap Manufacture	.....	.....	.....	.....	.....	2
Stone Trades	.....	.....	.....	.....	.....	3
Tanning	.....	.....	.....	.....	.....	2
Textiles	.....	.....	.....	.....	.....	41
Warehousing	.....	.....	.....	.....	.....	3
Wire Drawing	.....	.....	.....	.....	.....	10
Wire Goods	.....	.....	.....	.....	.....	6
Total						277

PREVENTION OF DAMAGE BY PESTS ACT, 1949

This work is carried out by the Part-time Rodent Operative employed by the Department, and the following table indicates the types of infestation treated during the 15 months ending 31st March, 1954.

(1) Types of Infestations.

		Local Aut'y.	Private Premises	Agri- cultural Premises	Business Premises	Total
Rats	Major	Nil	Nil	Nil	Nil	Nil
	Minor	12	47	8	13	80
	Total	12	47	8	13	80
Mice		1	35	Nil	22	58
	Total	13	82	8	35	138

(2) Baits and Poisons used.

BAITS
Sausage Rusk.
Bread Mash.
Oatmeal.
Soaked Wheat.

POISONS
Zinc Phosphide.
Red Squill.
Arsenic.

In addition to the above-mentioned poisons, the rodenticide Warfarin has been employed by the Department.

(3) Gassing.

Gassing has been used for the purpose of achieving disinfection on one occasion during this period.

(4) Results of Treatments.

	Local Aut'y.	Private Premises	Agri- cultural Premises	Business Premises	Total
Rats					
Major Infestations	Nil	Nil	Nil	Nil	Nil
Minor infestations	12	47	8	13	80
Infestations cleared	12	47	8	13	80
Infestations outstanding	Nil	Nil	Nil	Nil	Nil
Total infestations out- standing at year end	Nil	Nil	Nil	Nil	Nil
Infestations re-treated	1	Nil	1	Nil	2
Mice					
Infestations treated	1	35	Nil	22	58
Infestations cleared	1	35	Nil	22	58
Infestations outstanding	Nil	Nil	Nil	Nil	Nil

(5) Details of Treatments.

Number of pre-baits laid	270
Number of poison points laid	157
Number of check baits laid	85
Total	512
Number of bodies seen	232
Number of presumed killed	772
Total	1,004

(6) Details of Inspections carried out.

Number of inspections paid to premises by Inspectors relative to the Act	730
Re-inspections paid by Inspectors	221
Number of visits paid by Rodent Operative during the year in connection with the above infestations	405
Total	1,356

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

One premise was registered under the above Act during the year for the use of rag flock as filling material for furniture manufacture, and seven inspections were carried out during the year to the same.

Three samples of rag flock were submitted for examination to the prescribed analyst and were found to be satisfactory. Average results are set out in the following table.

Test	Result	Permissible Amount
Chlorine in parts per 100,000	15	30
Oil and Soap	3.6%	5.0%
Soluble Impurities	0.98%	1.8%

ATMOSPHERIC POLLUTION

One hundred and eighty-four "timed $\frac{1}{2}$ -hour" observations were taken during 1953. The following table gives detailed particulars of the observations taken :—

No. of chimneys of which observations have been taken	61
No. of observations taken	184
Average No. in Minutes black smoke during the above 184 observations	0.23
Average No. of minutes smoke other than black smoke during the 184 observations	4.42
No. of observations showing black smoke	30
Average No. of minutes black smoke during the above 30 observations	1.45
No. of observations showing black smoke exceeding three minutes in every 30	1
Average No. minutes black smoke during the above observations	6
No. of Notice of Offence served	1

Details of results of the atmospheric pollution gauges are given on page 81. Comparison with two previous years are as follows :—

	1953	1952	1951
	Total Solids in Tons per Square Mile		
Wellholme Park	145.62	141.37	152.9
Rastrick (Carr Green)	117.64	132.46	145.1
King George V Park Lightcliffe	*127.74	142.50	159.6
Southowram	118.40	130.88	—
Clifton	125.19	*115.20	—

* Refers to 11 months only

DEPOSITED ATMOSPHERIC POLLUTION, 1953

	Wellholme Park				Carr Green				Cliffe Hill School				Southowram Church				Clifton : Towngate			
	Rainfall Inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall Inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall Inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall Inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall Inches	Insoluble Solids	Soluble Solids	Total Solids
January ...	0.57	5.21	3.92	9.13	0.49	1.93	3.09	5.02	0.72	3.81	3.32	7.13	0.57	1.92	4.38	6.30	0.62	2.21	5.20	7.41
February ...	1.56	4.98	7.17	12.15	1.78	3.06	4.06	7.12	2.22	1.30	6.78	8.08	1.61	2.68	4.91	7.59	1.86	3.19	5.67	8.86
March ...	1.35	10.39	6.57	16.96	1.08	4.16	5.50	9.66	1.55	15.88	4.74	20.62	1.45	5.57	5.57	11.14	1.08	5.70	4.71	10.41
April ...	2.66	9.09	9.46	18.55	2.81	8.25	7.15	15.40	2.77	5.79	11.30	17.09	2.65	2.88	6.76	9.64	2.38	4.61	6.65	11.26
May ...	1.82	4.45	5.11	9.56	2.05	0.86	4.71	5.57	2.22	7.17	7.34	14.51	2.18	3.91	5.57	9.48	1.65	4.45	3.78	8.23
June ...	2.08	7.89	4.24	12.13	2.42	7.01	6.19	13.20	—	—	—	—	2.70	3.54	4.14	7.68	2.30	5.30	5.33	10.63
July ...	3.80	8.23	5.81	14.04	3.89	6.12	8.91	15.03	4.04	9.35	8.22	17.57	4.05	7.03	9.27	16.30	3.82	8.89	9.75	18.64
August ...	3.12	5.18	3.98	9.16	2.97	2.41	3.78	6.19	3.09	2.15	4.45	6.60	3.22	4.54	4.94	9.48	3.10	2.54	4.74	7.28
September ...	2.14	5.91	5.97	11.88	2.05	3.23	8.88	12.11	2.11	5.13	5.91	11.04	2.39	5.53	7.92	13.45	2.01	5.20	5.66	10.86
October ...	2.50	6.41	5.74	12.15	2.10	4.92	6.43	11.35	2.36	3.89	4.83	8.72	2.60	3.35	5.30	8.65	2.17	4.94	5.53	10.47
November ...	2.34	4.18	4.18	8.36	2.21	1.86	4.50	6.36	2.26	2.65	3.46	6.11	2.44	2.45	3.74	6.19	2.12	3.36	5.40	8.76
December ...	1.30	6.24	5.31	11.55	1.19	6.40	4.23	10.63	1.21	5.94	4.33	10.27	1.35	5.87	6.63	12.50	1.24	6.68	5.70	12.38
Yearly Aggregate	25.24	78.16	67.46	145.62	25.04	50.21	67.43	117.64	24.55	63.06	64.68	127.74	27.21	49.27	69.13	118.40	24.35	57.07	68.12	125.19
Monthly Averages	2.10	6.51	5.62	12.13	2.09	4.18	5.62	9.80	2.23	5.73	5.88	11.61	2.26	4.11	5.76	9.87	2.06	4.76	5.68	10.44

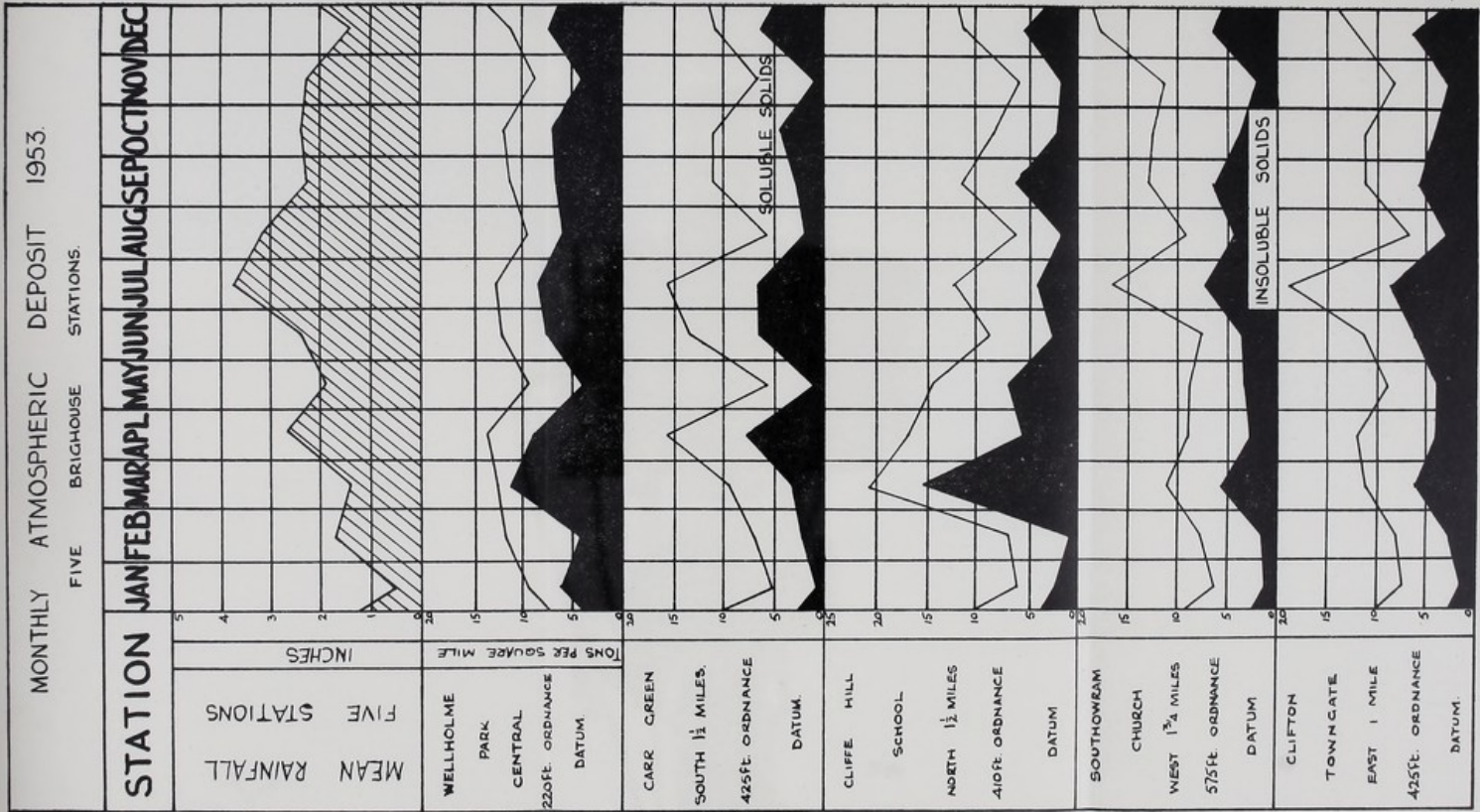
Monthly Average for whole Borough :

Rainfall in inches ...	2.15
Insoluble Solids ...	5.06
Soluble Solids ...	5.71
Total Solids ...	10.77

Total Annual Deposit for whole Borough : 129.13 tons per Square Mile

STATION	Milligrams of S O — Lead Peroxide Method 1953												Total Daily Av'ge
	Jan.	Feb.	Mar.	Apr.	May	Jne.	July	Aug.	Sept.	Oct.	Nov.	Dec.	
Wellholme Park	1.70	2.00	1.94	0.84	0.78	0.87	0.52	0.28	0.74	1.84	1.96	1.70	1.26
Carr Green	1.10	0.80	1.33	0.64	0.28	0.55	0.36	0.78	0.59	1.25	1.14	1.24	0.84
Cliffe Hill School	1.17	0.86	1.24	0.57	0.50	0.53	0.43	1.18	1.08	2.30	2.57	2.48	1.24
Southowram Church	2.28	2.32	2.28	1.00	1.11	0.94	0.55	0.03	1.32	2.38	2.66	2.15	1.59
Clifton : Towngate	2.30	1.79	1.94	1.06	0.59	0.91	0.59	0.52	1.39	3.01	3.09	2.73	1.66
Total Daily Average ...	1.73	1.56	1.75	0.82	0.65	0.76	0.49	0.56	1.02	2.16	2.28	2.06	1.32

Sulphur Pollution — Lead Peroxide Method 1953



1923 DEPOSIT TISOPAD 2561

FIVE BRIDGE FIVE STATIONS

STATION MONTHLY DEPOSIT



TIME

INCHES

MEAN RAINFALL
FIVE STATIONS

METHOD

DATA

STATION

FOOD INSPECTION AND SUPERVISION

Milk Supply.

At the end of the year there were on the register :—

Distributors resident in the Borough	12
Shops registered for sale of milk in sealed bottles	39
Distributors not resident in the Borough	9

Chemical Examination of Milk.

The work in connection with the sampling of milk is administered by the West Riding County Council's Inspector and myself, the County Council bearing the cost of sampling and also providing any legal assistance necessary.

102 samples were submitted for analysis all of which were formal samples.

3 samples were classified as adulterated by the abstraction of fat.

2 samples were classified as genuine although they were below the minimum standard of solids not fat.

97 remaining samples were all classified as genuine.

	Total Solids	Solids not Fat	Milk Fat
Board of Agriculture Standard	11.50	8.50	3.00
Average of 97 genuine samples	12.25	8.64	3.61
Average of 2 genuine samples	12.18	8.41	3.77
Average of 3 adulterated samples	11.56	8.73	2.83

Bacteriological Examination of Milk.

During the year 300 samples of milk were taken in the Borough by the Officers of this Department for examination at the Public Health Laboratory, Wakefield, these were submitted for examination by the Phosphatase, Methylene Blue and Turbidity Tests with the following results :—

				Methylene Blue Test			Phosphatase Test			
				Sat.	Unsat.	Total	Sat.	Unsat.	Total	
DESIGNATED MILKS										
1. Tuberculin Tested	...	...	...	31	5	36	88	—	88
2. Pasteurised	...	...	...	88	—	88			
3. Sterilised	...	...	...	11	—	11			
UNDESIGNATED MILKS										
1. Accredited	...	...	...	34	8	42	88	—	88
2. Ordinary	...	...	...	17	7	24			
			181	20	201					
							Turbidity Test			
							Sat.	Unsat.	Total	
1. Sterilised	...	...	...				11	—	11
Totals				...	181	20	201	99	—	99

Biological Examination of Milk.

			No. of Samples free from Tubercular Bacillus	No. of Samples found Tuberculous	Total
Accredited Milks	...	...	12	—	12
Undesignated Milks	...	...	8	—	8
Totals	...		20	—	20

Meat Inspection.

The Ministry of Food Slaughterhouse situated in the Borough where slaughtering takes place still served the Borough area and the Elland Urban District, the population served by the same being approximately 50,000.

The whole of the meat inspection is carried out by your Officers and particulars of the animals slaughtered are given in the following table :—

Month		Cows	Beasts	Sheep	Pigs	Calves	Total
January	...	24	76	591	99	—	790
February	...	23	66	516	82	—	687
March	...	22	94	578	199	—	893
April	...	13	123	375	209	1	721
May	...	30	110	233	240	—	613
June	...	35	19	1,002	131	—	1,187
July	...	38	139	544	120	1	842
August	...	50	224	986	125	30	1,415
September	...	72	226	1,063	211	135	1,707
October	...	120	99	871	193	43	1,326
November	...	85	91	998	260	143	1,577
December	...	51	143	573	334	45	1,146
Totals	...	563	1,410	8,330	2,203	398	12,904

The following are the details of the visits paid under this heading during the year to :—

Ministry of Food Slaughterhouse	.....	.....	407
Food Shops	.....	.....	415
Food Preparing Premises	.....	.....	424

The following unsound food was condemned and surrendered from the shops :—

English Meat

208 lbs. Beef
128 lbs. Pork

15 lbs. Bacon

Imported Meat

226 lbs. Beef

Fish

14 stone of Crabs
56 stone Haddock

6½ lbs. Hake

Other Foods

3 lbs. Cheese
34 lbs. Rabbit

200 Fruit Puddings

Tinned and Bottled Goods

46 tins Cherries
126 tins Plums
18 tins Ham (large)
34 tins Brisket
1 tin Rabbit
27 tins Peaches
8 tins Chopped Pork
11 tins Salmon
16 tins Pineapple
13 tins Pears
13 tins Prunes
1 tin Syrup
107 tins Evaporated Milk
24 tins Tomatoes
2 tins Luncheon Meat
2 tins Lobster
3 tins Coffee
12 tins Ox Tongue
1 tin Corned Beef
2 tins Spaghetti
23 tins Cream
2 tins Grapes
2 bottles Fruit Juice
1 jar Red Cabbage

16 tins Processed Peas
18 tins Strained Foods
7 tins Meat Paste
4 tins Oranges
1 tin Apricots
1 tin Tomato Juice
10 tins Mandarin Oranges
1 tin Sausages
1 tin Veal
11 tins Beans in Tomato
8 tins Strawberries
1 tin Crab
1 tin Shrimps
1 tin Apples
1 tin Crayfish
31 tins Fruit Salad
11 tins Steak
4 tins Beef Loaf
46 tins Damsons
2 tins Black Currants
5 tins Grape Fruit
2 jars Jam
1 jar Beetroot

CARCASSES INSPECTED AND CONDEMNED

				Cows	Bovines	Calves	Sheep & Lambs	Pigs
Number Slaughtered	...	...	...	563	1,410	398	8,330	2,203
Number Inspected	...	...	...	563	1,410	398	8,330	2,203
ALL DISEASES EXCEPT TUBERCULOSIS								
Whole carcasses condemned	...	...		1	—	16	15	1
Carcases of which some part or organ was condemned	...	...	...	373	523	2	245	57
Percentage of the number inspected affected with disease other than tuberculosis	...	...	...	66.42 %	37.09 %	4.77 %	3.12 %	2.63 %
TUBERCULOSIS ONLY								
Whole carcasses condemned	...	...		8	2	3	—	4
Carcases of which some part or organ was condemned	...	...	...	242	174	—	—	80
Percentage of the number inspected affected with tuberculosis	...	...	...	44.40 %	12.48 %	0.75 %	—	2.81 %

**LIST OF UNSOUND MEAT CONDEMNED AND SURRENDERED AT THE MINISTRY OF
FOOD SLAUGHTERHOUSE, GIVING WEIGHTS AND CAUSES OF CONDEMNATION IN
MONTHLY ORDER**

Disease.	Jan. lbs.	Feb. lbs.	Mar. lbs.	Apr. lbs.	May lbs.	June lbs.	July lbs.	Aug. lbs.	Sep. lbs.	Oct. lbs.	Nov. lbs.	Dec. lbs.	Totals lbs.
Abscesses ...	56	75	169	59	96	16	159	313	272	162	78	90	1,545
Actinobacillosis ...	—	—	—	—	—	—	—	—	—	32	—	—	32
Actinomycosis ...	—	—	—	38	—	—	79	—	—	—	—	107	224
Angiomatosis ...	—	15	—	15	30	67	—	136	175	277	128	60	903
Bruising ...	4	—	70	6	—	—	—	—	17	63	—	11	171
Cirrhosis ...	325	53	176	184	183	119	406	757	604	447	450	622	4,326
Cysts ...	3	—	—	—	3	—	—	—	—	—	—	18	24
Distomatosis ...	3	—	—	3	—	38	5	47	82	71	131	104	484
Dropsy ...	—	—	—	—	—	—	13	—	—	99	152	21	285
Emaciation ...	76	—	—	—	—	—	—	—	—	—	173	90	339
Erysipelas ...	—	—	—	—	—	8	—	—	—	—	—	—	8
Fatty Degeneration ...	—	—	—	—	13	—	—	—	15	—	—	—	28
Fatty Infiltration ...	—	—	—	—	—	—	—	—	—	—	—	11	11
Fever ...	—	—	3	38	18	63	16	—	—	—	83	35	256
Haematoma ...	—	—	—	—	—	—	—	—	—	6	11	—	17
Immaturity ...	—	—	—	—	—	—	—	—	60	59	67	99	285
Jaundice ...	—	—	—	—	—	—	—	37	44	—	—	—	81
Johnes Disease ...	10	—	—	—	—	—	—	—	—	—	—	—	10
Joint Ill ...	—	—	—	—	—	—	—	—	—	—	—	55	55
Mastitis ...	122	148	67	133	279	151	156	402	410	792	430	272	3,362
Melanosis ...	—	—	—	24	—	—	—	—	—	—	—	—	24
Moribund ...	—	80	—	—	—	—	—	—	—	—	—	—	80
Necrosis ...	—	—	—	—	—	—	—	—	18	—	—	—	18
Pleurisy ...	—	—	—	—	15	18	—	—	—	—	—	—	33
Pericarditis ...	—	—	—	—	—	—	1	—	5	—	—	—	6
Peritonitis ...	—	—	—	21	10	—	—	20	—	—	33	—	84
Pyæmia ...	—	—	—	—	—	—	—	—	—	605	—	—	605
Tuberculosis ...	591	1,035	790	1,661	1,179	433	1,314	2,456	2,556	4,174	1,365	914	18,468
Totals ...	1,190	1,406	1,275	2,182	1,826	913	2,149	4,173	4,253	6,787	3,101	2,509	31,764

14 tons, 3 cwts., 2 qrs., 12 lbs.

Bacteriological Examination of Food other than Milk.

Twenty-four samples of shellfish and crab meat were submitted to the Public Health Laboratory during the year.

Food	Number of Samples	Satisfactory Samples	Staphylococcus Aureus Isolated	Bacillus Coli Isolated
Crab Meat ...	14	12	2	—
Mussels: Unboiled	3	3	—	—
Mussels: Boiled ...	4	2	—	2
Cockles: Unboiled	1	1	—	—
Cockles: Boiled ...	2	1	—	1

The two samples of crab meat from which staphylococcus aureus were isolated were taken on the same day from the same premises ; all persons handling the commodity were examined for cuts, sores, etc., and one person was excluded until negative specimens were obtained.

FOOD AND DRUGS ACT, 1938

Sausages and Cooked Meats.

There are 31 premises registered under the provisions of Section 14 for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale, regular routine inspections were made of the same throughout the year, and the importance of good hygiene stressed.

Ice Cream.

Eleven applications were received during the year to retail ice cream, iced lollies from shop premises making a total of 83 premises now registered.

Regular routine inspection of the two ice cream manufacturers' premises, where the heat treatment process of manufacture is carried out, revealed that conditions were still satisfactory the firms still being anxious to co-operate with us.

A total of 89 samples of ice cream were submitted for the bacteriological examination by the Methylene Blue Reduction Test, particulars are given below :—

Produced	No. of Samples	Grade I		Grade II		Grade III		Grade IV	
		No.	%	No.	%	No.	%	No.	%
In Borough ...	13	12	92.31	1	7.69	—	—	—	—
Outside Borough	76	58	76.31	15	19.74	3	3.95	—	—
Total ...	89	70	78.65	16	17.98	3	3.37	—	—

The 13 samples of ice cream produced in the Borough were obtained direct from the manufacturers premises.

Forty-five samples of iced lollies were submitted for bacterial examination all of which were reported as showing No Coliforms in 3/3 one millilitre amounts.

Of these 45 samples 29 were of local manufacture and 16 were manufactured outside the Borough.

It must be noted that of the 45 samples of iced lollies 27 were of the wrapped variety and made by the larger ice cream manufacturers whilst the remaining 18 samples were sold to the public in an unwrapped condition and came from the small shopkeeper making his own supplies.

During the year 424 visits were paid to food preparing premises, 415 to food shops and 42 to licensed premises and further improvements were effected to the same details of which appear in the summary of sanitary improvements on page 94. The classification of the various food shops, food manufacturing premises, licensed public houses and clubs are as follows :—

Bakers and Confectioners	.....	.....	.....	.....	26
Cafes and Canteens	.....	.....	.....	.....	11
Grocers and General Mixed Stores	.....	.....	.....	.....	96
Greengrocers	.....	.....	.....	.....	39
Retail Fishmongers	.....	.....	.....	.....	3
Wholesale Fishmongers	.....	.....	.....	.....	4
Fried Fish Fryers	.....	.....	.....	.....	40
Sweet and Ice Cream Retailers	.....	.....	.....	.....	28
Butchers	.....	.....	.....	.....	42
Sweet Manufacturers	.....	.....	.....	.....	1
Condiment Manufacturer	.....	.....	.....	.....	1
Tripe Dresser and Retailer	.....	.....	.....	.....	1
Flour Miller	.....	.....	.....	.....	1
Licensed Premises	.....	.....	.....	.....	55
Licensed Clubs	.....	.....	.....	.....	24
Ice Cream Manufacturers	.....	.....	.....	.....	2
Wholesale Delicatessen	.....	.....	.....	.....	1

Legal Proceedings under the provisions of Regulations 26(1) and 33 of the Milk and Dairies Regulations, 1949, were instituted during the year in respect of a bottle of milk containing visible evidence of dirt. The case was brought before the Brighouse

Magistrates but the Counsel for the defence submitted that as the offence occurred where the bottle was filled, which was not in this Borough, the case must be heard in the neighbouring County Borough where the offence took place. The case, therefore, was brought before the Magistrates of the nearby County Borough, the Defendant pleading guilty. After retirement the Court discharged the Defendant on payment of costs.

WEST RIDING COUNTY COUNCIL (GENERAL POWERS) ACT, 1951

(1) Section 76: Registration of Food Hawkers.

One application was received during the year for the retailing of greengrocery in the Borough, and at the end of the year the following vehicles were registered :—

Greengrocery	Grocery
15 motor vehicles	2 motor vehicles
3 horse drawn vehicles	

(2) Section 120 : Registration of Hairdressers and Barbers.

Two applications were received during the year in connection with the registration of two ladies' hairdressers bringing the total at the end of the year to 37 premises registered. These were as follows :—

Gents	Ladies	Ladies & Gents
11	24	2

Twenty-eight visits were carried out during the year to these premises with a view to seeing compliance with your Council's Byelaws.

SLAUGHTER OF ANIMALS ACT, 1933

Twenty-two persons are licensed to slaughter animals under the Slaughter of Animals Act, 1933.

INFECTIOUS DISEASE AND DISINFECTION

One hundred and twenty-five visits were paid during the year to cases of infectious disease, and six disinfections were carried out after infectious disease.

PESTOLOGY

The furniture and effects from four houses affected with vermin were treated with H.C.N. prior to removal to new Council houses.

The following premises were treated with either Gamexane or D.D.T.:—

Infestation	Premises Treated
Cockroaches	4
Bugs	8
Crickets	2
Earwigs	2
Fleas	6
Flies	4
Maggots	2
Wasps	2

Nine houses were treated with formaline at the request of tenant after a death had occurred at the same.

SANITARY INSPECTION OF DISTRICT

Total number of Inspections	9,753
Bakehouses Inspected	165
Butchers' Shops Inspected	165
Caravans Inspected	22
Complaints Investigated	342
Dairies and Milkshops	9
Drainage Inspections	63
Diseases of Animals Act :—	
Visits	28
Dwellinghouses Inspected :—	
Dwellinghouses Inspected and Recorded	33
Housing Acts — Overcrowding Survey	237
Public Health Acts	888
Dwellinghouses Re-inspected :—	
Housing Acts — Re-inspections	136
Public Health Acts	2,158
Disinfections	15
Disinfestations	32
Drains tested with water	12
Drains tested with smoke	46
Drains tested with colour	222
Drains tested by odour	10
Factories Inspected	240
Food Hawkers	14
Food Preparing Premises	424

Food Shops	415
Food Poisoning	12
Licensed Premises	42
Hairdressers and Barbers	28
Hydrogen Cyanide Regulations :—	
Premises treated	4
Premises inspected	4
Ice Cream Premises Inspected :—	
Manufacture	47
Retail	115
Infectious Diseases	125
Markets Inspected	201
Offensive Trades :—	
Fish Frying Premises	104
Fish Meal Premises	38
Tripe Boiling Premises	2
Pet Animals Act, 1951 :—	
Inspections	2
Prevention of Damage by Pests :—	
Inspections	730
Re-inspections	221
Public Cleansing Service	830
Public Conveniences	392
Rag Flock and Other Filling Materials Act :—	
Inspections	7
Shops Act	43
Smoke Observations	184
Slaughterhouse — Regional	407
Special Smoke Observations	2
Smallpox Contacts	69
Works in Progress	468

SUMMARY OF SANITARY IMPROVEMENTS EFFECTED PUBLIC HEALTH ACTS, 1875—1936

Brighouse Corporation Act, 1907

Interior of Houses.

Additional light provided	1
Burst water pipes repaired	13
Ceilings replastered	27
Chimney flues repaired	7
Defective doors renewed or repaired	6
Dirty dwellinghouse cleansed	1
Fireplace fixtures renewed and repaired	8
Food store ventilated and lighted	1
Floors repaired	8

Glazed sinks provided in lieu of stone sinks	19
Sash cords renewed	2
Sink waste pipes repaired and renewed	3
Sink surround repaired	1
Sub-floor ventilation provided	3
Sewage gaining access to cellar abated	21
Trap to sink waste pipe provided	2
Water gaining access to cellar abated	11
Window frames renewed or repaired	9

Exterior of Houses.

Boundary walls rebuilt	2
Chimney cowls renewed	1
Chimney stacks rebuilt	1
Defective chimney pots renewed	3
Decayed pointing renewed	21
Dry area provided	1
Eavesgutters renewed or repaired	34
Leaky roofs repaired	53
Mastic pointing to windows renewed	17
Rainwater pipes disconnected from drain	7
Rainwater pipes renewed or repaired	23
Walls cement rendered	2
Walls rendered with "Pudlo "	1

Yards and Outbuildings.

Offensive accumulations removed	9
Paving relaid	4

Drainage.

Additional gullies provided	1
Cesspools repaired	1
Drains re-laid	2
Drains repaired and renewed	59
Drains cleansed from obstruction	97
Disused drains sealed	2
Inspection chambers provided	8
Rodding eye provided	1
Septic tank and filter constructed	1
Strainer trap to drain provided	1

Sanitary Conveniences.

Defective door and frame to W.C. repaired	5
Flushing cistern repaired	3
Pail closets converted to fresh water closets	1
Privies converted to fresh water closets	1
Privies abolished	1
Waste water closets converted to fresh water closets	11
W.C. pedestal renewed	4
W.C. roof repaired	2
W.C. walls repaired	9

House Refuse Accommodation.

Additional dustbins provided	15
Dilapidated dustbins renewed	148

Food Preparing Premises.

Ceilings underdrawn	3
Ceiling of bakehouse painted with washable paint	1
Instantaneous supply of hot water provided	7
Impervious floor provided	3
New glazed sinks provided	3
New concrete floors provided	4
New preparation bench provided	2
Plaster walls replastered	1
Shop walls and ceiling painted with washable paint	2
Stainless steel sink unit provided	1
Ventilation provided	1
Walls of food storage room cleansed and limewashed	1
Walls of food storage room painted with washable paint	1
Walls of bakehouse painted with washable paint	1
Walls and ceiling of preparation room thoroughly cleansed	4
Walls of preparation room painted with washable paint	15
Walls cement rendered	4

Factories.

Additional w.c.'s provided	2
Artificial light provided	9
Conveniences painted	1
Conveniences cleansed	7
Conveniences limewashed	1
Conveniences labelled as to sex	10
Door fastener provided	2
Intervening ventilated space provided	2
Ventilation to w.c. provided	3
W.C. pedestal renewed	1
W.C. seat repaired	1
W.C. drain cleansed	1

Licensed Premises.

Burst water pipes repaired	1
Glazed urinal stalls provided	4
Insanitary urinal stall abolished	1
New bar provided	1
Stainless steel sink unit provided	2
Walls of beer cellar limewashed	1

HOUSING STATISTICS, 1953

1. Inspection of dwellinghouses during the year.

(1) (a) Total number of dwellinghouses inspected for housing defects (under Public Health and Housing Acts)	454
(b) Number of inspections made for the purpose	888
(2) (a) Number of dwellinghouses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations	29
(b) Number of inspections made for the purpose	33
(3) Number of dwellinghouses needing further action :—	
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	24
(b) Number (excluding those in sub-head (3) (a) above), found not to be in all respects reasonably fit for human habitation	5

2. Remedy of the defects during the year without service of formal notices.

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their Officers	452
--	-----

3. Action under Statutory Powers during the year.

A. Proceedings under Section 9, 10 and 16 Housing Act, 1936.

(1) Number of dwellinghouses in respect of which notices were served requiring repairs	—
(2) Number of dwellinghouses which were rendered fit after service of formal notices :—	
(a) By owners	10
(b) By Local Authority	—

B. Proceedings under Public Health Acts.

(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	492
(2) Number of dwellinghouses in which defects were remedied after service of informal notices :—	
(a) By owners	308
(b) By Local Authority in default of owners	—

C.	Proceedings under Section 11 and 13 of the Housing Act, 1936.	
(1)	Number of representations, etc., made in respect of dwellinghouses unfit for habitation	—
(2)	Number of dwellinghouses in respect of which Demolition Order were made	—
(3)	Number of dwellinghouses demolished in pursuance of Demolition Orders	4
D.	Proceedings under Section 12 of the Housing Act, 1936.	
(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	1
(2)	Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit	1
4.	Housing Act, 1936 — Part IV — Overcrowding.	
(a)	Number of new cases of overcrowding reported during the year	—
(b)	Number of cases of overcrowding relieved during the year	32
(c)	Number of person concerned	160

LEGAL PROCEEDINGS

Date of hearing	Offence	Result
23.9.53	For failing to be registered with Brighouse Borough Council as a Milk Distributor under the provisions of the Milk and Dairies Regulations, 1949	Fined £2
3.11.53	For failing to ensure that a milk bottle containing milk was in a state of thorough Cleanliness immediately before use by him and that there was dirt on the inside of the bottle contrary to the provisions of Regulations 26(1) and 33 of the Milk and Dairies Regulations, 1949	Discharged on payment of costs

PUBLIC CLEANSING SERVICE

The Health and Cleansing Committee is responsible for the cleansing and disposal of privy middens, dustbins, cesspools and pail closets and for the collection and subsequent disposal of salvage, the

cleansing and maintenance of public sanitary conveniences and the humane destruction of domestic animals.

The Department is also entirely responsible for the maintenance and control of the Department transport.

(1) Storage.

The following are types of receptacles in use at the 31st March, 1953 :—

Dustbins	.....	.....	.....	.....	.....	10,839
Privy Middens	.....	.....	.....	.....	.....	85
Pail Closets	.....	.....	.....	.....	.....	184

The great majority of privy middens and pail closets are situate in areas where no public sewers or public water supplies are available.

(2) Refuse Collection Service.

The following table gives the number and types of receptacles cleansed, loads collected and tonnage :—

	1953/54	1952/53
Dustbins	422,250	404,227
Privy Middens	1,961	2,067
Pail Closets	10,269	9,955
Kitchen Waste Bins	28,366	27,905
Weight in Tons	8,430	8,176

(3) Transport.

The following table gives the particulars of collection by the various vehicles :—

Vehicle	T.	C.	Q.
S.D. Freighter 9	801	18	3
S.D. Freighter 18	1,779	8	1
S.D. Freighter 19	1,992	9	3
Dennis 14	2,078	12	2
Fordson 20	445	5	0
Morris 15 ...	287	12	0
Bedford 16	31	6	2
Bedford 21	799	17	2
Morris 22 ...	212	19	0
Bedford Van		12	0
Total ...	8,430	1	1

LETHAL CHAMBER

One hundred and seventy-one dogs and 209 cats were humanely destroyed in the electrical lethal chamber and the chloroform lethal chamber provided by the Royal Society for the Prevention of Cruelty to Animals.

REFUSE DISPOSAL

Two methods of refuse disposal are in operation in the Borough, namely mechanical separation and controlled tipping.

Kitchen waste is separately collected from 523 communal bins, and 345 tons 6½ cwt. were delivered under direction from the Ministry of Agriculture to the Halifax Corporation.

The amounts disposed of and the method of disposal are as follows :—

	T.	C.	Q.
1. Kitchen Waste—			
Delivered to Halifax Cleansing Department for processing	345	6	2
2. Mechanical Separation—			
House Refuse	4,958	2	0
Trade Refuse tipped at Depot	383	1	2
Tins from Queensbury & Shelf U.D.C.	3	0	1
Tins from Elland U.D.C.	3	14	1
Paper from Elland U.D.C.	2	8	3
3. Bailiffe Bridge Tip—			
House Refuse	2,580	12	3
Trade Refuse	106	15	0
4. Marsh Lane Tip	546	0	0
Total ...	8,929	1	0

The incineration unit at the Refuse Disposal Works was dismantled during the year and arrangements completed whereby the "tailings" arising at the works are stored for gravity discharge into vehicles for ultimate disposal by controlled tipping on the adjacent site.

Controlled tipping is also carried out at Bailiffe Bridge and on the Southowram tip, screened dust being utilised as the covering media at all three sites. Maximum salvage together with maximum land reclamation is an excellent combination in the Borough where there are ample derelict sites available for the purpose for many years.

At the Southowram tip, which is a disused stone quarry, certain extraordinary expenditure was entailed during the year by the use of a bull-dozer in levelling the heaps of stone waste lying about, and it is now possible to arrange for further controlled tipping to take place to ultimately reclaim the whole of the area.

At the Refuse Disposal Works dust extraction plant was installed over the travelling sorting belt and a further extension provided in the paper grading room, thus complying with Section 47 of the Factories Act, 1937.

In addition, electrical apparatus for heating the paper grading room was provided—this being considered the most suitable having regard to the intermittent use made of the premises.

Redundant machinery in the shape of an electric paper baling press, mechanical tin press, etc., was disposed of for £199 10s. 0d. during the year.

The policy of extending the cultivation of reclaimed land was extended during 1953, with the result that in addition to the Bailiffe Bridge site, a portion of the completed tip at the Refuse Disposal Works was also prepared and ploughed for sowing a crop of rye and, at the time of writing this Report, is growing satisfactory.

In August the Health and Cleansing Committee held their annual inspection of the works and tips, together with an inspection of paper baling plant during the operation of the same.

The income from salvage sales was well maintained during the year ; waste paper realising £468, and textiles £209 more than in the previous year. It is pleasing to record that Refuse Disposal once again revealed a credit balance.

DEPARTMENTAL REVENUE

The following is a detailed list of the Department's revenue obtained during the year :—

	T.	C.	Q.	£	s.	d.
(a) Refuse Collection :—						
Trade Refuse Charges				227	0	0
(b) Refuse Disposal :—						
Trade Refuse Charges				46	10	6
Scrap Metal Segregation Allowance ...				79	12	6
Redundant Machinery				199	10	0
Sale of Rye Crop				8	8	9
Grant from Ministry of Agriculture ...				5	19	4
(c) Salvage :—						
Baled Waste Paper	570	16	0	4,609	1	4
Kitchen Waste	345	6	2	1,337	4	7
Baled Tins	205	17	0	844	13	5
Ferrous Metal	36	7	0	159	10	0
Non-Ferrous Metals	2	16	1	191	7	3
Textiles	55	13	2	686	15	8
Jars and Bottles	32	5	0	76	10	0
Screened Cinder	259	10	0	68	18	3
Bones		16	3	6	14	0
Cullett	3	10	2	5	5	9
Rubber	3	5	0	8	15	0
Dust	21	0	0	10	6	
(d) Mechanical Transport :—						
Transport Charges				227	14	2
(e) Miscellaneous :—						
Sale of Dustbins				293	18	6
Lethal Chamber Receipts				29	15	6
Rents, Easements, etc.				7	8	
Totals ...	1,537	3	2	£9,114	2	8

BOROUGH OF BRIGHOUSE—CLEANSING DEPARTMENT
DETAILS OF REFUSE COLLECTION COSTS FOR THE
YEAR ENDING 31st MARCH, 1954

Item	Refuse Collection and Kitchen Waste			Nightsoil and Cesspools Collection			Total		
	£	s.	d.	£	s.	d.	£	s.	d.
Wages	5,628	8	6	210	15	0	5,839	3	6
National Insurance	198	12	10	14	19	0	213	11	10
Superannuation	231	6	7	17	9	7	248	16	2
Driver's Wages	2,635	11	5	249	15	6	2,885	6	11
National Insurance	86	1	8	14	19	0	101	0	8
Licences and Insurance	477	2	4	36	15	0	513	17	4
Petrol, Oil, etc.	1,355	11	5	98	17	3	1,454	8	8
Tyres, Repairs, etc.	479	8	4	55	16	0	535	4	4
Renewal Account Contribution	700	0	0	—	—	—	700	0	0
Dust Bins	270	18	2	—	—	—	270	18	2
Waste Food Bins	30	4	1	—	—	—	30	4	1
Tools, Implements, etc.	3	10	6	34	19	0	38	9	6
Protective Clothing	48	19	8	7	6	0	56	5	8
Sundry Expenses	20	12	9	—	—	—	20	12	9
Disinfectants	—	—	—	53	2	10	53	2	10
Cesspool Emptying	—	—	—	35	16	7	35	16	7
Gross Cost	12,166	8	3	830	10	9	12,996	19	0
Income	2,086	4	9	—	—	—	2,086	4	9
Nett Cost	10,080	3	6	830	10	9	10,910	14	3

BOROUGH OF BRIGHOUSE—CLEANSING DEPARTMENT
DETAILS OF REFUSE DISPOSAL AND SALVAGE COSTS
1st APRIL, 1953, to 31st MARCH, 1954

Refuse Disposal and Salvage	£	s.	d.
Wages	3,222	6	4
National Insurance	95	17	10
Superannuation	98	18	11
Driver's Wages	328	18	0
Petrol and Oil	111	12	9
Vehicle Repairs	11	14	0
Rent, Rates, Tax, Insurance	198	5	11
Repairs	237	2	6
Plant, Tools, etc.	147	9	10
Heating, Electricity and Water	184	5	7
Loan Charges, etc.—			
Sinking Fund	115	0	0
Loan Interest	185	2	6
Protective Clothing	5	17	6
Miscellaneous Expenses	51	1	8
Tip Cultivation	25	9	2
Salvage Purchased	47	0	6
Extraordinary Expenditure—			
Dust Extraction Plant	393	1	4
Abolition of Incinerator	163	3	4
Heating Equipment	88	10	0
Levelling Marsh Lane Quarry	72	10	0
Gross Costage	5,783	7	8
Revenue from Salvage Sales	6,988	9	11
Credit Balance	£1,215	2	3

BOROUGH OF BRIGHOUSE—CLEANSING DEPARTMENT
PUBLIC CLEANSING COSTS FOR THE YEAR ENDING
31st MARCH, 1953.

Item	Particulars	Collection	Disposal	Totals
		£	£	£
REVENUE ACCOUNT				
1	GROSS EXPENDITURE :			
(i)	Labour	6,058	3,423	9,481
(ii)	Transport	5,734	452	6,186
(iii)	Plant, equipment, land and buildings	374	1,861	2,235
(iv)	Other items	—	47	47
(v)	Total gross expenditure ...	12,166	5,783	17,949
2	GROSS INCOME (including £1,337 received from other local authorities)	2,086	6,998	9,084
3	NET COST	10,080	Cr. 1,215	8,865
4	Capital expenditure met from revenue (included above) ...	700	1,017	1,717
UNIT COSTS				
		s. d.	s. d.	s. d.
5	Gross cost per ton, labour only	14 5	7 8	22 1
6	Gross cost per ton, transport only	13 7	1 0	14 7
7	Net cost (all expenditure) per ton	23 11	Cr. 2 9	21 2
		£	£	£
8	Net cost per 1,000 population	332	Cr. 40	292
9	Net cost per 1,000 premises ...	781	Cr. 94	697

OPERATIONAL STATISTICS

10	Area (statute acres)—land and inland water	7,875 acres
11	Population at 30th June, 1953	30,370 persons
12	Total refuse collected (tons)	8,430 tons
13	Weight (cwts.) per 1,000 population per day (365 days in the year)	15.2 cwts.
14	Number of premises from which refuse is col- lected	12,916 premises
15	Premises from which daily collection is made	12½%
16	Frequency of collection	
17	Kerbside collection, if practised, expressed as estimated percentage of total collection	—%
18	Total refuse disposed of (tons)	8,929 tons
19	Methods of Disposal—	Percentage
	(a) Crude Tipping	—
	(b) Controlled tipping	40%
	(c) Direct incineration	—
	(d) Separation and controlled tipping	60%
	(e) Other methods	—

100%

20 Salvage and Trade Refuse. Analysis of income and tonnage :

				Income (included in item 2)	Tonnage Collected (included in item 12)
				£	Tons
Salvage—					
(a)	Raw Kitchen Waste	.....	.....	1,337	345
(b)	Scrap Metal	.....	.....	1,275	245
(c)	Waste Paper	.....	.....	4,609	570
(d)	Other Salvage	.....	.....	853	377
(e)	Totals	.....	.....	8,074	1,537
Trade Refuse				273	489

PUBLIC SANITARY CONVENIENCES

The Department is responsible for the cleansing and maintenance of all Public Conveniences.

The following is a complete list of Public Conveniences in the Borough :—

Situation.					Accommoda- Females. tion for	Accommodation for Males.		
Back Bonegate	...	...	...	...	5 W.C.'s	5 W.C.'s	9	urinal stalls
Bradford Road	...	...	...	...	2 W.C.'s	1 W.C.	4	do.
Bramston Street	...	...	...	...	2 W.C.'s	1 W.C.	4	do.
Birds Royd Lane	...	...	...	...	Nil	1 W.C.	4	do.
Bus Station	...	...	...	...	4 W.C.'s	3 W.C.'s	6	do.
Mill Lane	...	...	...	...	Nil	Nil	4	do.
Crowtrees Lane	...	...	...	...	Nil	Nil	3	do.
Dusty Miller Inn, Halifax Road	...	...	...	...	Nil	1 W.C.	3	do.
Whitehall, Hipperholme	...	...	...	...	Nil	Nil	3	do.
Stray, Lightcliffe	...	...	...	...	2 W.C.'s	2 W.C.'s	3	do.
Bailiff Bridge	...	...	...	...	1 W.C.	1 W.C.	3	do.
Clifton Road	...	...	...	...	Nil	Nil	3	do.
Rydings Park	...	...	...	...	3 W.C.'s	2 W.C.'s	3	do.
Rastrick Library	...	...	...	...	Nil	Nil	2	do.
Wellholme Park	...	...	...	...	4 W.C.'s	2 W.C.'s	6	do.
Lane Head Recreation Ground	...	...	...	...	2 W.C.'s	2 W.C.'s	1	do.
King George V. Memorial Park	...	...	...	...	1 W.C.	1 W.C.		Nil

The cost of the service for the year ending 31st March, 1954, was as follows :—

	£	s.	d.
Wages	871	3	6
National Insurance	36	15	9
Superannuation Contributions	93	5	0
Rents and Insurance	14	19	8
Lighting and Cleansing	168	10	8
Repairs	74	10	8
Toilet Requisites	29	8	0
Loan Charges—Sinking Fund	186	0	0
Interest	66	15	10
Extraordinary Expenditure— Purchase of Land, Hove Edge	53	12	8
Gross Cost	1,595	1	9
Income and Rents	451	10	6
Nett Cost	£1,143	11	3

During the year under review, a new modern convenience together with bus shelter was commenced at Denholmgate Road, Hipperholme, which should be brought into use in the year 1954/55, when the existing insanitary public urinal at Whitehall Corner will be demolished.

I regret to have to again report that there is still far too much wilful and unnecessary damage caused to public conveniences.



Brighouse:
Smith, Hodgson & Co. (Printers) Ltd
Park Row